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DEMONS, DEVIANCE AND DISEASE

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Editorial Board

Editors

Lottie Brown

(PhD Classics)

lottie.brown@bristol.ac.uk

Iris Gioti

(PhD English)

ig250@exeter.ac.uk

Sophie Smith

(PhD English)

sms236@exter.ac.uk

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EDITORIAL

This issue of the Postgraduate Journal for Medical Humanities on the theme of 'Demons, Deviance and Disease' features a selection of innovative papers exploring literary and historical representations of medicine from the 19th and 20th century. As ever, our choice of 'Demons, Deviance and Disease' feels particularly relevant to the ever shifting political and social landscape of the UK and beyond. Given the ongoing challenges of the coronavirus pandemic and covid denial amongst the anti-vax movement, research which attends to the social, cultural, political, and ethical aspects of medicine is now more vital than ever.

Between these excellent interpretations of this theme, you will find a broad range of topics and sub-disciplines; from herpes to hypnotism to Hong Kong, this thought-provoking collection considers several fascinating angles on medicine and medical practitioners, including an interview on Victorian prosthetics and a review of forensics in Carla Valentine's seminal *Murder Isn't Easy* (2021).

We were privileged to receive submissions from all corners of the UK and also from further afield; from Exeter to Sheffield and to Florida as we continue to grow and expand our scope as an international, interdisciplinary journal. This edition of the journal therefore consolidates the remarkable efforts of the trans-national postgraduate medical humanities community, and we are honoured to showcase their research.

We could not have produced this volume without the support, dedication, and hard work of all those involved. Our thanks and gratitude go out to our contributors and peer reviewers for their commitment, enthusiasm, and perseverance throughout every step of this process. We would also like to thank the Exeter HASS PGR team for their ongoing administrative help, especially Jane Tanner, for making the digital publication of this issue possible.

We are sure this issue will offer a diverse range of thought-provoking critical pieces to inspire our readers and hope will find the pieces featured in this edition of the journal engaging and instructive.

Lottie Brown, Iris Gioti, and Sophie Smith, Editors of the 2022 issue of the Postgraduate Journal for Medical Humanities.

AUTHOR BIOGRAPHIES

BRANDI BURNS is a PhD student at Florida State University specializing in Victorian Literature. Her research interests include supernatural short stories (especially ghost stories), periodicals, death culture, and Health Humanities.

JOSEPH HOLLOWAY is in the final year of his PhD at Exeter University, where he is writing up his project exploring representations of conjoined twins in nineteenth, twentieth, and twenty-first century media from within a disability studies/literary studies lens. In this analysis, he explores how everyday constructions of 'normalcy', 'privacy', 'individuality' and 'agency' are problematised by conjoinment, and how these various portrayals use conjoinment as a metaphorical means of exploring related ableist concerns and anxieties. He can be followed via @EngTwiterature.

SOPHIE SMITH is a PhD Student in English Literature at Exeter. Her thesis is looking at the legacy of the fin de siècle and degeneration theory in the early twentieth century, specifically through presentations of pathological criminality and eugenics in Golden Age crime fiction. Her research interests include deviance, the Gothic, and social history. She is co-editor of Postgraduate Journal for Medical Humanities (@ExeterMedHumsPG)

EVA SURAWY STEPNEY is a PhD candidate in the School of History at the University of Sheffield, funded by the White Rose College of the Arts and Humanities (WRoCAH). Her work explores the history of Obsessive-Compulsive Disorder (OCD) and ideas of evidence-based practice in British clinical psychology.

LORY WONG is a PhD student in the English Literature and Language department at the University of Exeter. She completed both her BA and MA in English Literature and Language at King's College London. Her research focuses on representations of the 1894 plague in

Hong Kong in archival documents, Hong Kong's heritage industry, modern historical narratives and literature, as well as cultural pieces by Chinese writers and artists.

QUESTIONING HISTORICAL REPRESENTATIONS OF WESTERN SCIENCE AND RATIONALITY, AND RE-INTERPRETING THE DEVELOPMENT OF WESTERN MEDICINE IN SHIH SHUQING'S CITY OF THE QUEEN: A NOVEL ON POSTCOLONIAL HONG KONG

LORY WONG

City of the Queen: A Novel of Colonial Hong Kong is an abridged translation of a trilogy written originally in Chinese by Shih Shuqing in 1992, a Taiwanese writer who resided in Hong Kong for seventeen years from 1977 to 1994.[1] The novel follows the fictional story of Huang Deyun, a young girl kidnapped from her hometown in China and sent to Hong Kong to be sold as a prostitute. In Hong Kong, Huang services and falls in love with Adam Smith, the acting head of the Sanitary Board before getting abandoned by him and then later building her own wealth through real estate. The themes in this novel seem to falsely represent Hong Kong as a scandalous crime and sex-riddled city, which the critics Ackbar Abbas and P.K. Leung describe as popular depictions taken from tourists' lens.[2] Perhaps some may be forgiven for thinking that Shih parrots these Eurocentric narratives because of her identity as a foreigner to Hong Kong. However, like Ackbar Abbas, who recognizes that globalism is an inherent part of Hong Kong's cultural fabric and includes non-native Hong Kong writers in his examination of 'Writing Hong Kong',[3] I consider Shih Shuqing's depiction

[1] National Museum of Taiwan Literature, 'Timeline', *Shi Shu-Ching Archive* < http://en-shih.blogspot.com/ > [Accessed 20th February 2022].
[2] M.A. Abbas, *Hong Kong: Culture and the Politics of Disappearance* (Minneapolis: University of Minnesota Press, 1997), p. 112; Ping-kwan Leung, 'The Story of Hong Kong' in *Hong Kong Collage: Contemporary Stories and Writing,* ed. by Martha P. Y. Cheung (Hong Kong: Oxford University Press, 1998), pp. 3-13 (4).
[3] *Ibid*, p. 112.

of Hong Kong to be as equally valuable as those of indigenous Hong Kong writers. This article will argue that Shih's work exposes the unreliability of colonialist discourses which rigidly associates the British with science and rationality, while associating the Chinese with backwardness and sensuality.

In her depiction of the 1894 plague, Shih describes the disease as a supernatural force which disrupts the linear progression of scientific advancement frequently propagated by colonialist discourses. Shih further undermines the rhetoric espoused by characters representing the colonial government by juxtaposing their delusional free indirect discourse with the multiple perspectives of Chinese characters and the narrator. Moreover, Shih blurs the line between history and fiction to highlight the constructed narrative form of historical colonialist discourses. In offering perspectives outside of Eurocentric discourse and in questioning its reliability in fully capturing the 1894 plague event, Shih focuses our attention on the west's lack of scientific advancement in understanding the plague, the lack of rationality in the razing and resumption of the plague infected area of Taipingshan, and the change in power dynamic when the colonial government had to rely on the Chinese during the plague, as well as after it in the development of western medicine in Hong Kong.
Shih describes the plague as a supernatural and invisible force, effectively questioning the competence of the western scientists in understanding the plague's epidemiology:

> 'During the Dragon Boat Festival of 1894, hordes of rats appeared in Chinese residential districts, gnawing on rice stuck to bamboo leaves used to wrap holiday rice dumplings, their never -ending chittering sending shivers down the spines of those who could hear them. When people went out at night, they felt gentle squirmings underfoot, like wading through water. When they shone their lanterns on the ground, they ran off in terror, dropping their lights, as high-pitched squeals rose around them, making their skin crawl. Rats swarmed out of ditches, caves, and basements. Packs of them materialized in hallways, on staircases, in kitchens, in

corners, on roof beams, and in attics, twitching violently several times, balletlike, before rolling over and dying, blood spurting from their mouths, like red flowers.'[4]

The rats seem to inexplicably 'appea(r)' and 'materializ(e)' out of nowhere and the infected rats' convulsive and jerky movements depict the plague as an invisible phenomenon more powerful than the rats themselves. Shih's supernatural imagery emphasizes how no scientist nor medical profession could identify its cause of transmission,[5] thereby undermining British scientific advancements during a period of 'germ theory'.[6] Shih depicts the plague's evasive presence as mocking the British colonial government when Smith traverses through the infected district of Taipingshan, feeling 'uneasy' because the street 'seemed to have been seized by the plague demon, its terrifying ghosts snickering behind closed doors'.[7] Shih's depiction of the plague's immateriality acknowledges the limits of western science.
Shih further highlights the lack of understanding that western science demonstrated about the plague by using a beautiful and artistic aesthetic to describe it. This is apparent in the line 'the rat twitched violently several times, balletlike before rolling over and dying, blood spurting'.[8] The description of the infected rats performing a 'balletlike' dance depicts the plague as an artform, rather than a topic of science, thus depicting how the British medical authorities and the temporarily employed French and Japanese scientists were for a long time unable to make sense of the plague's epidemiology. The description of the rat's effortless and graceful motions juxtaposed against the colonial government's 'spasmodic effects of chaotic sanitation' present the colonial government as pathetic and weak against the plague.[9]

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[4] Shuqing Shih, *City of the Queen: A Novel of Colonial Hong Kong,* translated by Sylvia L.C. Lin and Howard Goldblatt (New York: Columbia University Press, 2005), pp. 14-15.
[5] Carol Benedict*, Bubonic Plague in Nineteenth-Century China* (Stanford: Stanford University Press, 1996), p. 140.
[6] Ibid. p. 166.
[7] Shih, p. 20.
[8] Ibid, p. 15.
[9] Special Correspondent, 'The plague in Hong Kong (from our Special Correspondent) ', *British Medical Journal,* 8 September 1894, p. 539.

Shih challenges the metanarratives of linear progress in colonialist discourses by describing how the plague destroyed the attempts made by western medical science to take control of Hong Kong's tropical environment. This is evident in the water-related imagery describing the multitudes of infected rats as 'like wading through water'.[10] This description is reminiscent of Hong Kong's beginnings as a diseased environment full of 'swamps'.[11] By 1894, Hong Kong had transformed into a successful entrepot with the third highest volume of trade of all ports in the British Empire,[12] with major infrastructural changes to adapt to Hong Kong's tropical environment, including the building of the Government Civil Hospital in 1850.[13] Yet the plague questions the power of western science to truly take control of Hong Kong's tropical environment and its diseases, working as a 'point of tension' where 'the illusion of unity and continuity' of the linear Eurocentric narratives of western scientific progress and Hong Kong's transformation 'from a barren rock to a finance hub' are challenged.[14] The use of water- related imagery may also convey the changes in Hong Kong's medical landscape during and after the plague, including the building of new plague hospitals and the opening of the Bacteriological Institute.[15] Shih depicts the constant struggle that western science faces in its attempts to control Hong Kong's landscape and the plague.

Shih brings into focus the lack of science backing the colonial government's decision to raze the infected area of Taipingshan by drawing attention to the symbolic significance of fire in Christianity. Adam Smith, the acting head of the Sanitary Board has a delusional vision of 'fling(ing) (his torch) into polluted corners'[16] to defeat the 'plague demon';[17] this image seems

[10] Shih, p. 15.
[11] Moira Chan-Yeung, *A Medical History of Hong Kong 1842-1941* (Hong Kong: The Chinese University of Hong Kong Press, 2018), p. 21.
[12] Jerome J. Platt, et al., *The Whitewash Brigade: The Hong Kong Plague of 1894* (London: Dix Noonan Webb, 1998), p. 1.
[13] Chan-Yeung, p. 6.
[14] John Nguyet Erni, 'Like a Postcolonial Culture: Hong Kong Re-imagined ', *Cultural Studies,* 15. 3-4 (2001), 389-418 (p. 407).
[15] Chan-Yeung, pp. 136, 162, 166.
[16] Shih, p. 19
[17] Ibid, p. 25.

reminiscent of the razing and resumption of Taipingshan, and it is significant that a pastor close to Smith speaks also about fire as a purifying agent:

> 'Christianity, the religion of fire. The God Jehovah is a raging fire, as the Old Testament tells us. Over the centuries, Christians had punished countless heretics and pagans with their holy flames. But to the pastor's chagrin, the holy fire of Christianity had yet to be ignited on an island filled with the spirit of Satan.'[18]

By presenting the role of fire in Christian rhetoric, the reader sees a link between Smith's vision in how he sees himself extinguishing the plague, as well as the religiosity involved in what was supposed to be an operation backed by science. Using the context of Christianity, Shih depicts the dated and symbolic notion of fire as a purifying agent by describing it as a centuries old concept. Thus, Shih presents the West as clinging onto old beliefs, and effectively questioning the orientalist binaries of the Chinese as superstitious and backwards, and the West as scientifically advanced. It should be noted, however, that Shih does not explicitly bring to attention the parallel of the repeated trope of 'fire' in Smith and the pastor's speech, as a way to 'indicate (her) relative withdrawal from the task of forming a consistent historical narrative';[19] it is up to the reader to make this connection and realize the constructed nature of historical narratives. By illuminating the religious symbol of fire, Shih also points to the possibility of the government's razing and resumption of Taipingshan as a symbolic act to depict the British colonial government's supposed control over the invisible threat of the plague epidemic. The anthropologist Christos Lynteris has also commented on the lack of scientific evidence in support of razing Taipingshan as both the scientists Alexandre Yersin and Kitasato Shibasaburō were unable to confirm that the plague was a soil disease.[20] Shih's questioning of the science behind the razing and resumption of

[18] Shih, p. 69.

[19] Chao-Mei Tu, *Historical Narrative in Fiction: A Cross-Cultural Exploration of Contemporary American and Chinese Fiction by Women Writers* (West Lafayette: Purdue University Graduate School, 2008), p. 64.

[20] Christos Lynteris, 'A "Suitable Soil": Plague's Urban Breeding Grounds at the Dawn of the Third Pandemic', *Medical History*, 61.3 (2017), pp. 343-57 [pp. 349- 351].

Taipingshan contrasts with other historical narratives of the 1894 plague which presents it as a blazing glory in ending the plague. For example, in *The Whitewash Brigade,* Platt records 1898 as the year the plague ended in Hong Kong and credits Governor Sir William Robinson with 'obliterat(ing) the overcrowded and unsanitary areas of the City of Victoria and the breeding grounds of the plague'.[21] Ironically, the razing and resumption of Taipingshan worsened overcrowding as there was less space to accommodate the Chinese, thus enabling the plague to flourish;[22] the plague continued to exist in Hong Kong until 1929.[23] Through focusing on the religious significance of 'fire' in Catholicism, Shih challenges just how scientific the British government were in their decision-making.

Additionally, Shih's focus on the use of fire in Catholic religious rituals, brings into question the orientalist binary of the west as rational and scientific, and the east as superstitious and backwards. This is apparent when Smith imagines that Pastor Thomas would use a 'holy Bible' and 'holy fire' to 'condemn that evil, licentious sorceress (prostitute) to immolation', as a way to pull him away from his prostitute, Huang Deyun.[24] The use of fire to exorcize an evil spirit is reminiscent of the Chinese use of fire to combat the evil which they believed had started the plague.[25] Yet many narratives of the 1894 plague, like Echenberg's 'An Unexampled Calamity', choose only to associate religiosity with the Chinese, and science and rationality with the British.[26] Although Echenberg admits that both the Europeans and the Chinese had 'no effective practical measures against the bubonic plague',[27] Echenberg seems determined to 'contrast' the Chinese and the colonial government's response to the plague and fixate on the Chinese response of 'spiritual' comfort,[28] when in reality some of

[21] Platt, p. 82.
[22] Frank M. Snowden, *Epidemics and Society: From the Black Death to the Present: With a New Preface* (New Haven: Yale University Press, 2020), p. 340.
[23] Chan-Yeung, p. 156.
[24] Shih, p. 76.
[25] Benedict, p. 130.
[26] Myron J. Echenberg, *Plague Ports: The Global Urban Impact of Bubonic Plague, 1894-1901* (New York: New York University Press, 2010).
[27] Ibid, p.24.
[28] Ibid, p. 25.

the British also believed that the plague was also caused by divine retribution.[29] Smith's religiosity only serves to highlight the hypocrisy of the west for looking down upon the Chinese when they turn to rituals seek relief from the plague. For instance, when visiting an infected area of Taipingshan, Smith actively mocks a Chinese religious ritual which involves the invocation of the boy god Tan, claiming 'It seems that the young boy has yet another talent. Those who worship him can be free of plague!'[30] Shih shows that both the Chinese and the British turn to religion to create a sense of control in their lives, thereby destabilizing the orientalist binary associating the British with science and rationality and the Chinese with backwardness and religiosity.

Shih goes on to contrast Adam Smith's free indirect discourse with the narrator's descriptions of him; demonstrating the unreliability of colonialist discourses:

> 'Adam Smith ... raised his face, which had been baked red by the blazing sun…As acting director of the Sanitary Board, he had now become a warrior, armed with orders issued by the governor himself to crush the ubiquitous plague demon. He would hold his torch high and fling it into polluted corners; the plague, hiding in the dark, would squeal and scurry amid the raging fire and turn to ashes. Final victory would be his!'[31]

The contrast between Smith's free indirect discourse and the narrator's description of Smith's face as 'baked red by the blazing sun' presents Smith as delusional and incites laughter as he is not even able to protect himself against the sun. The military imagery Smith uses to describe himself is reminiscent of the King's Shropshire Light Infantry (hereafter KSLI) who were actually involved in house-to-house visitations during the 1894

[29] Benedict, p. 100.
[30] Shih, p. 21.
[31] Ibid, p. 19.

plague. Shih's merging of the KSLI with the Sanitary Board through the character of Smith highlights how the KSLI were simply carrying out sanitation duties in Taipingshan because the Sanitary Board were short-staffed,[32] and presents the supposed military glory involved in the KSLI's role in the 1894 plague as imaginative embellishments. Through showing Smith's free indirect discourse to be unreliable, Shih deconstructs the authority of conventional historical writings like *The Whitewash Brigade,* which draws on military imagery itself when describing the KSLI's intervention as an 'operation' involving the 'British soldier'.[33] Although Eurocentric perspectives may present the colonial government's handling of the plague to be rational and scientific, Shih reveals the unreliability of these perspectives in capturing the authentic reality of what actually happened.

Nonetheless, Shih's novel does later reveal that scientists discovered the rat as a host of the plague; however, she distances the scientific discovery from the western scientists who had discovered it:

> 'Later the London government sent Professor Pearson, a bacteriologist to investigate. Wearing a white surgical mask and rubber gloves, he retrieved a curled up, stiff rat from an infected house for testing. Then he wrote to the governor of Hong Kong to request the assistance of eight bacteriologists from Japan. In the end, they were able to prove that plague had come from the fleas carried by dead rats. There was no cure.'[34]

Shih seems to have combined several different events: the intervention of scientists in the plague, including the discovery of the plague bacillus by French scientist Alexandre Yersin,[35]

[32] Chan-Yeung, p. 137.
[33] M.D. Regan, 'Foreword', in *The Whitewash Brigade: The Hong Kong Plague of 1894*, by Jeremy Platt et al. (London: Dix Noonan Webb, 1998), p. iv.
[34] Shih, p. 27.
[35] Chan-Yeung, p. 146.

Professor W.J. Simpson's dispatch to Hong Kong in 1901 and Simpson's declaration to prevent the spread of the plague infection by rats through several preventative measures.[36] The successes of these events were attributed to western scientists, yet Shih claims that it was the 'eight bacteriologists from Japan' who proved the important finding that the 'plague had come from the fleas carried by dead rats.' Although Japanese scientists were involved in attempts to discover the plague bacillus,[37] Shibasaburo Kitasato's identification of the plague proved to be inaccurate. Nonetheless, Shih's emphasis on the Japanese may be to take the focus away from western scientists and to highlight the Japanese scientists' involvement in the discovery of the plague bacillus. Shih further distances the British colonial government from the notion of scientific competence by zooming in on Professor Pearson's 'white surgical mask and rubber gloves' which presents his 'whiteness' as a spectacle, rather than something which provides credibility for his scientific knowledge, as he ends up seeking help from Japanese bacteriologists. Additionally, Shih's blurring of history and fiction may be seen as a deliberate attempt to 'demarginalize the literary through confrontation with the historical'.[38] Shih portrays historical knowledge as a narrative form like fiction, while challenging the heavy emphasis placed on western scientists and the one-way process of knowledge transfer from the west to the east present in historical texts. For example, Echenberg's 'An Unexampled Calamity' presents the west as the epicenter of knowledge and depicts Shibasaburo as Koch's protege, rather than a scientist in his own right.[39] Shih's novel challenges Eurocentric metanarratives, which champion scientific progress as an exclusively western phenomenon. In fact, Shih downplays the discovery of the plague bacillus and instead focuses on its limitations. The line 'there was no cure' (for the plague) is repeated several times during the novel.[40] Rather than present the passing of the plague as a triumphant win for Hong Kong's colonial government, Shih gives it a muted significance in

[36] Chan-Yeung, p. 154.
[37] Ibid, p. 146.
[38] Linda Hutcheon, *A Poetics of Postmodernism: History, Theory, Fiction* (New York and London: Routledge, 1988), p. 289.
[39] Echenberg, p. 33.
[40] Shih, pp. 27-28.

her description ‘The plague had finally passed’.[41] The lack of significance and excitement Shih gives to the scientific advancements associated with the discovery of the plague bacillus contrasts with other texts like Moira Chan-Yeung's *A Medical History of Hong Kong*, which describes the scientific finding as a ‘mystery’ that had been ‘puzzling the medical profession since the Middle Ages’.[42] By taking value away from the discovery of the plague bacillus as a glorious success for the advancement of western science, Shih helps to bring into perspective the possibility that the west was perhaps not that scientifically advanced in their understanding of the plague. After all, during the 1894 plague, death rates from the plague in Chinese hospitals and Western hospitals were similar.[43]

Shih further challenges the supposed superiority underpinning this orientalist binary through depicting Smith’s emotional and physical dependence on the prostitute Huang Deyun. Smith’s indirect discourse reveals that he ‘felt safe’ when ‘he had seized the body- the warm, soft body of a woman (Huang Deyun)’.[44] Smith’s dependence on Huang may represent the British colonial government’s reliance on the Chinese community during the 1894 plague, something apparent in Huang Deyun’s free indirect discourse describing how ‘His [Smith’s] legs buckled and he held her, as if grasping the last rock on a cliff’ in her sexual encounter with him.[45] The imagery seems to symbolize the British almost falling off the ‘barren rock’ they once conquered as the economy greatly suffered after many Chinese workers left for Guangzhou or the mainland over dissatisfaction of the government’s handling of the plague, while the image of Adam Smith holding onto Huang Deyun represents the Europeans’ realization that they depended on Chinese coolies to live in relative comfort.[46] Shih places Huang in a position of power over Smith as Huang refers to him as ‘my poor child’ at various

[41] Shih, p. 38.
[42] Chan-Yeung, p. 146.
[43] Platt, p. 60.
[44] Shih, p. 25.
[45] Ibid, p. 34.
[46] Chan-Yeung, p. 141.

points in the novel.[47] Shih's appropriation of maternal imagery is subversive towards popular tropes in nationalist and Eurocentric interpretations of Hong Kong, which depict the city as a child in the middle of a fight between its biological and foster mothers.[48] This subversive depiction also positions itself within the popular local Hong Kong culture of the 1960s and 1970s when several filmmakers like Ann Hui began to include 'an impressive ensemble of humane and resilient, if not strong, female characters',[49] thus drawing a parallel between the formation of a postcolonial identity in 1980s Hong Kong and the aftermath of the 1894 plague. Through Smith's emotional and physical dependence on Huang, Shih questions the rigid nature of the orientalist binary which associated the British with science and rationality, as well as their supposed superiority over the Chinese.

Further, Shih presents the development of western medicine after the 1894 plague as a process involving the creation of a complex hybrid identity, rather than one which subjugates the Chinese under its colonizers' identity. Shih depicts how Huang experiences a multitude of contradicting emotions towards Smith: Not only does Huang feel motherly sympathy towards him, but she also mocks him as a 'cold glint of a sneer flickered in her experienced eyes over his misfortune',[50] while later she describes him as a 'savior' who had given her a reason to continue living.[51] The changing power dynamics and attitudes Huang feels for Smith symbolizes how the 'Europeans and wealthy Chinese merchants had come to realize that Hong Kong's economy was a kind of eco-system and that their interests were tied to the health of the poor Chinese'.[52] This realization that the Europeans' were dependant upon the Chinese led the government to devote significant resources to improving the public health of the Chinese, as well as new public health institutions like the establishment of the Chinese

[47] Shih, pp. 26; 34.
[48] Abbas, p. 150; Esther M.K. Cheung, 'On spectral mutations the ghostly city in *The Secret, Rouge and Little Cheung*' in *Hong Kong Culture: Word and Image*, ed. by Kam Louie (Hong Kong: Hong Kong University Press, 2010), pp. 169-91 (p. 172-173).
[49] Cheung, p. 175.
[50] Shih, p. 25.
[51] Ibid, p. 29.
[52] Chan-Yeung, p. 157.

Public Dispensaries.[53] These new social and political changes echo the flux of emotions and attitudes Huang feels towards Smith, pointing to the formation of a complicated hybrid identity.

The formation of Hong Kong's complex hybrid identity through the development of western medicine after the plague seems to align with the 'abstract' nature of Hong Kong's postcolonial identity, as observed by the sociologist Ackbar Abbas. Abbas uses Henri Lefebvre's concept of social space to convey how the rapid political and social changes taking place during the 1970s and 1980s led to a concrete 'abstract' and 'ungraspable' image of Hong Kong.[54] In fact, Shih depicts Huang as 'other(ed)' after her sexual interactions with Smith. Tired of waiting for Smith, Huang attends a Chinese performance involving a worship rite which asks the mythical White Tiger to exorcize evil spirits from the temple grounds'.[55] The martial artist represents China as he attempts to purge the British colonized land of its evil, and hopes to take revenge against the British slave owners who burned his village and kidnapped his family.[56] The martial artists' stage name is also significant as Jiang Xiahun was one of the most famous martial-art novelists in 1920s China, a genre which rose in popularity during the encroachment of international powers in China.[57] Watching the performance, Huang is reminded of home and feels an attraction for the actor.[58] However, this is unreciprocated as she is 'othered' in his eyes as 'either the bored concubine of a wealthy man or a prostitute who provided pleasure to foreign sailors'.[59] Hong Kong's 'other(ness)' is frequently commented on by prominent Hong Kong critics like John Erni, and Ackbar Abbas,[60] with Erni commenting on the 'triangular articulation of Chinese nationalism, British colonialism, and globalism, which also evokes the impossibility of serving

[53] Chan-Yeung, p. 176.
[54] Abbas, p. 9.
[55] Shih, p. 50.
[56] Ibid, p. 53.
[57] Tu, p. 105.
[58] Shih, pp. 50-53.
[59] Ibid, p. 54.
[60] Abbas, p. 15.

three masters'.[61] Although 1890s Hong Kong was not very globalised, Huang's hybrid identity seems to displease both her foreign lover and Chinese love interest. Shih's description of the martial arts parallels the period after the 1894 plague with 1980s Hong Kong which saw the rise of 'the fantasmatic genres of *wuxia* (swordplay) and kung fu films set in distant dynastic (i.e. pre-modern worlds)' as an allegory for the 'political and affective struggles over an unknown future' in Hong Kong,[62] thus paralleling the hybrid identity recognized in Hong Kong by cultural critics during the 1980s with its formation during and after the plague in 1894. Shih's depiction of Hong Kong's hybrid identity contrasts with modern day narratives like the Hong Kong Museum of Medical Science's video on the 1894 plague which marginalizes the role of the Chinese in the development of western medicine in Hong Kong and focuses instead on the western scientists and medical professionals in Hong Kong, like Drs. Patrick Manson, James Cantlie and Alexandre Yersin, as the fore-fathers who laid 'the foundations of the modern city of Hong Kong', presenting the Chinese Hong Kong people to be indebted to the west.[63]

To conclude, *City of the Queen: A Novel about Postcolonial Hong Kong* challenges the dominant and Eurocentric historical narratives glorifying the colonial government's handling of the plague through the orientalist lens associating the British with rationality and science, and the Chinese with backwardness and sensuality. Shih challenges the power of western science in attempting to understand the plague's epidemiology by presenting the plague as a supernatural and invisible phenomenon and disrupting the metanarrative framing the timeline of western science within one of linear progress. Additionally, Shih questions the rationality and science behind the colonial government's handling of the plague by contrasting Adam Smith's free indirect discourse with the narrator and Chinese characters' description of him, thus presenting Smith to be sensual, unscientific, irrational and above all,

[61] Erni, p. 391.
[62] Ibid, p. 405.
[63] Dr. Faith C.S. Ho et al, 'Hong Kong and the 1894 Plague Outbreak', *Hong Kong Museum of Medical Sciences*, 2012, Hong Kong.

delusional. The differences in the multiple viewpoints of one situation exposes the unreliability of using just one viewpoint in attempting to understand a historical event. Finally, through breaking open the reductive and limiting orientalist binaries and challenging the notions of superiority attached to these tropes associated with the west, Shih is able to locate the beginnings of Hong Kong's hybrid identity in the development of western medicine in Hong Kong as one which saw the British colonial government become more integrated into the lives of the native Chinese after realizing that their economic and social existence was dependent on the good health of the Chinese. Shih's depictions of the complexities involved in Hong Kong's hybrid identity through the character Huang, are reflective of many prominent cultural critics' analysis on the formation of Hong Kong's hybridity in the 1970s and 1980s, and her use of certain tropes by Hong Kong writers and filmmakers during this time tactfully dislodges Eurocentric narratives of the development of western medicine after the 1894 plague and re-positions this in Hong Kong's postcolonial and hybrid present.

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‘THE ONLY THING LEFT TO US IS DEATH’: THE DOCTOR AS A CRIMINAL HYPNOTIST IN NINETEENTH-CENTURY WOMEN’S SHORT STORIES

BRANDI BURNS

It is terrible that one human being should have this power over his fellow.

~ Unknown, *Lancaster Gazetter*, 1893

Mesmerism and hypnotism have fascinated scholars for decades, with scholarship focusing on the enmeshment of mesmerism and hypnotism in discussions involving class divides, gender, questions of crime and free will, and depictions of men of science/medicine that appeared in historical narratives and literature. Elizabeth Leighton identified the stock character of the criminal hypnotist, someone who uses hypnotism for nefarious means, and illustrated how the popularity of the criminal hypnotist in novels towards the end of the nineteenth century made it impossible for the medical profession to incorporate hypnotism as a respectable part of their trade.[1] Tabitha Sparks linked the repeal of the Contagious Diseases Acts of 1886 with anxieties over the New Woman and prostitutes that appeared in hypnotic fiction written by men, specifically Bram Stoker’s *Dracula* and Arthur Machen’s *The Great God Pan*.[2] In *Mesmerized: Powers of the Mind in Victorian Britain*, Alison Winter proved the pervasiveness of mesmerism in Victorian society and argued that debates over mesmerism revealed power struggles of authority between ‘science, medicine, and intellectual life alike’.[3] Yet the figure of the doctor *as* the criminal hypnotist in literature, especially in short stories

[1] Mary Elizabeth Leighton, ‘Under the Influence: Crime and Hypnotic Fictions of the Fin de Siècle’ in *Victorian Literary Mesmerism*, ed. by Martin Willis and Catherine Wynne (Boston, MA: Brill, 2006), pp. 203-22 [204-205].
[2] Tabitha Sparks, *The Doctor in the Victorian Novel: Family Practices* (Farnham, Surrey, England: Ashgate Publications, 2009), p. 111.
[3] Alison Winter, *Mesmerized: Powers of Mind in Victorian Britain* (Chicago: University of Chicago Press, 1998), p. 4.

written by women during the late nineteenth century, has lacked critical attention. In my examination of Lettice Galbraith's "In the Séance Room" (1893) and L.T. Meade's "My Hypnotic Patient" (1893), I argue that by casting the physician as the role of the 'criminal hypnotist', Galbraith and Meade pushed back against the opinion that physicians should be allowed to exert control over another's will through hypnotism and revealed a growing anxiety around medical authority.

Literature involving mesmerism or hypnotism, especially criminal in nature, enjoyed an immense popularity in the 1880s and 1890s. However, scholars have largely focused on texts written by men, such as Sir Arthur Conan Doyle's *The Parasite* (1884), H. Rider Haggard's *She* (1888), Joseph Hocking's *The Weapons of Mystery* (1890), George Du Maurier's *Trilby* (1894), Bram Stoker's *Dracula* (1897), and Richard Marsh's *The Beetle* (1897), along with many others. Yet, as Susan Poznar states, there are 'literally hundreds of short tales and novels penned between 1850 and 1905 [that] exploit sensationalistic accounts of mesmerism or hypnotism as a central or peripheral feature'.[4] Why is it important for scholars to examine short stories, especially stories written by women? Clare Hanson argued that 'the short story has offered itself to losers and loners, exiles, women, blacks-writers for one reason or another who have not been part of the ruling "narrative" or epistemological/experiential framework of their society'; through their short stories women were able to 'express what would otherwise remain hidden: a sense of alienation from dominant culture and ideology that may be frightening in its intensity'.[5] By not examining short stories involving mesmerism written by women, scholars are overlooking crucial sources of cultural critiques, such as casting the doctor as the criminal hypnotist.

A History of Mesmerism and Hypnotism

[4] Susan Poznar, 'Whose body? The "Willing" or "Unwilling" Mesmerized Woman in Late Victorian Fiction', *Women's Writing* 15, no. 3 (December 2008), 412-35 [p.413].
[5] Clare Hanson, *Short Stories and Short Fictions, 1880-1980* (London: Macmillan, 1985), pp. 2-5.

In the late eighteenth century, a physician, Franz Anton Mesmer, claimed that he was able to influence patients by manipulating an internal magnetic fluid via 'magnetic passes' in which he swept his hands over patients' bodies without touching them. Although Mesmer called his concept 'animal magnetism', almost immediately critics denied that such 'physical forces' existed, and derisively referred to this practice as mesmerism, a name that quickly caught on.[6] By the 1830s, mesmerism arrived in London, and although championed by many medical professionals, such as Dr John Elliotson, a well-respected (at the time) physician at University College Hospital in London, it never could quite rid itself of the taint of trickery that many had associated with it since its conception.[7]

Attempting to make the practice more respectable, surgeon James Braid divorced the concept of magnetic fluid from mesmerism and instead argued that the trance originated from the individual's mind and their 'interaction with an external sensory stimulus (visual, auditory, or tactile)' – a process he called hypnotism.[8] Still, Braid's hypnotism 'was vilified merely by association [to mesmerism] and ignored by mainstream science until re-surfacing in France in the 1880s'.[9] Rival schools led by Jean-Martin Charcot with the Salpêtrière Hospital and Hippolyte Bernheim at the University of Nancy further fueled the debate surrounding hypnotism in the 1880s and 1890s, with Charcot claiming that hypnotism was closely associated with hysteria and no one could be forced to commit crimes that went against their true nature; whereas, Bernheim maintained that anyone, regardless of their mental or physical strength, could be hypnotized, although there were subjects more susceptible and easily influenced than others as he and another professor proved through the Liégeois experiments where they had 'hypnotised subjects…lie, steal and even commit

[6] Winter, p. 2.
[7] Roger Luckhurst, 'Trance-Gothic, 1882-97' in *Victorian Gothic: Literary and Cultural Manifestations in the Nineteenth Century*, ed. by Ruth Robbins and Julian Wolfreys (Houndmills, Basingstoke: Palgrave, 2000), pp. 148-67 [151].
[8] Winter, pp. 184-5; Luckhurst, p. 151.
[9] Luckhurst, p. 151.

hypothetical murder, [to which] they readily complied'.[10] However, as Kelly Hurley noted, there were two things that the rival schools readily agreed on, 'the first was that hypnotism should only be practiced by [medical] professionals', and the second was that hypnotism allowed for the possibility of sexual abuse.[11]

In July of 1892, *The British Medical Journal* published a report from a committee appointed by the British Medical Association that was charged with investigating the validity of hypnotism as a medical practice. The brief report clearly defined the division between the quackery of mesmerism and hypnotism, which they considered a genuine practice. The committee listed several 'mental and physical phenomena' that occur with hypnotism, to include: 'altered consciousness, temporary limitation of will power, increased receptivity of suggestion from without…and post-hypnotic suggestions'.[12] Members of the committee warned that 'dangers in the use of hypnotism may arise from want of knowledge, carelessness or intentional abuse' urging that 'its employment should be confined to qualified medical men, and that under no circumstances should female patients be hypnotised except in the presence of a relative or a person of their own sex'.[13] In 1893, this sentiment was echoed by several members of the British Medical Association before they decided to 'simply receive' the report and extend their gratitude for services rendered.[14]

Several months after the committee's report, Ernest Hart, the editor of *The British Medical Journal*, journeyed with two other doctors to visit with Dr. Luys at the La Charité Hospital. While it is quite clear that Hart believed that most of the demonstration was a sham by

[10] Kelly Hurley, 'Science and Gothic' in *The Victorian Gothic: An Edinburgh Companion,* ed. William Hughes and Andrew Smith (Edinburgh: Edinburgh University Press, 2012), pp. 170-85 [171, 175-6]. See Also: Luckhurst, pp. 151-3.

[11] Hurley, p. 177.

[12] F. Needham and T. Outterson Wood, 'Report of the Committee Appointed to Investigate the Nature of the Phenomena of Hypnotism; Its Value as a Therapeutic Agent; and the Propriety of Using It', *The British Medical Journal* 2, no. 1647 (1892), 190-91 [pp.190–91].

[13] Needham and Wood, 190.

[14] 'Sixty-First General Meeting of The British Medical Association', *The British Medical Journal* 2, no. 1701 (1893), 321-9 [p.324].

individuals whom he did not consider 'physiologically sound persons', he still included the warning from Dr. Luys regarding hypnotism in his article. In very explicit terms, Dr. Luys advised that the person in the hypnotic state:

> 'is absolutely defenceless, exposed to the criminal outrages of those around him or her; he may be poisoned, mutilated; in the case of a woman she may be violated and made a mother, or even (as he has known to be the case) infected with syphilis without there existing any trace of the manner in which the outrage was committed, and without the patient preserving the slightest recollection of what has happened.'[15]

Dr. Luys' statement reflects historian Teri Chettiar's argument that during the 1880s and 1890s, the debate regarding hypnotism was less about its efficacy and more about the 'social and moral concerns' that arose when a patient could no longer assert their will while under the authority of a man of medicine.[16]

Although upper- and middle-class society viewed the doctor's profession as a respectable one,[17] it was not without contestation; as Roy Porter advised, the medical profession was not without its critics who claimed that 'physicians sowed habits of sickness among their better-off patients, in particular the weaker sex'.[18] Cheryl Blake Price noted in her study of the poisoning doctor in popular fiction 'that medical men would use their specialized knowledge, their relatively new societal prestige and their privileged access to patients in the commissions of crimes' and that the 'British public had endured over a fifty-year period of high-profile criminal scandals involving doctors…from the link between body-snatching and

[15] Ernest Hart, 'Notes on the New Mesmerism II', *The British Medical Journal,* 1, no. 1673 (1893), 127-30 [p.128].
[16] Teri Chettiar, '"Looking as Little Like Patients as Persons Well Could": Hypnotism, Medicine and the Problem of the Suggestible Subject in Late Nineteenth-Century Britain', *Medical History,* 56, no. 3 (2012), 335-54 [p. 336].
[17] See for example Patricia Jalland, *Death in the Victorian Family* (Oxford: Oxford University Press, 1996), p. 79; Sparks, pp. 16-25.
[18] Roy Porter, *Blood and Guts: A Short History of Medicine* (New York: Norton, 2003), p. 37.

medical schools in the 1820s, to the *fin-de-siècle* speculation that Jack the Ripper was a surgeon – medical professionals were persistently associated with sensational crimes'.[19] In Anthony Mandal and Keir Waddington's examination of the pathologized doctor in Gothic fiction, they noted that 'fiction discloses continuities in how doctors were viewed as objects of fear or scorn, almost vampiric in their avarice and characterized by a sham professionalism that concealed darker motives…the practitioner becomes a shocking and dangerous figure whose professionalism is persistently held up to question'.[20] These concerns would re-emerge in debates over hypnotism to the point 'that relations of communication, trust, and deference were not well established between [physicians] and the general public'.[21] However, several Victorians saw hypnotism as so great a power that they urged for it to not be practiced at all. *The Lancet* published an article in 1890 advising that 'even when hypnotism has been practiced by competent medical men for remedial purposes, unpleasant accidents and ulterior consequences have again and again occurred, so much that recently an order has been issued by the French government prohibiting surgeons in the Army and Navy from practicing it'.[22]

In the midst of these debates, professionals, to include doctors, alienists, criminologists, social reformers, etc., provided competing explanations for the criminality of man. Whether criminality was seen as ancestrally inherited, environmental, or socioeconomical, 'no single theory of criminality found universal acceptance', but one theory was met with derision.[23] Cesare Lombroso's *L'Uomo delinquente* (Criminal Man, 1876) argued that a majority of lawbreakers were criminals from birth and could be identified through 'outward anatomical

[19] Cheryl Blake Price, 'Medical Bluebeards: The Domestic Threat of the Poisoning Doctor in the Popular Fiction of Ellen Wood' in *Victorian Medicine and Popular Culture*, ed. by Louise Penner and Tabitha Sparks (Pittsburgh: University of Pittsburgh Press, 2015), pp. 81-93 [81].

[20] Anthony Mandal and Keir Waddington, 'The Pathology of Common Life: "Domestic" Medicine as Gothic Disruption', *Gothic Studies* 17,1 (May 2015), 43-60 [p.47].

[21] Winter, p. 8.

[22] 'The Dangers of Hypnotism', *The Lancet* 135, no. 3472 (March 15th, 1890), 615-16 [p.616].

[23] Matthew Levay, 'Introduction: Modernism's Violent Minds' in *Violent Minds: Modernism and the Criminal* (Cambridge: Cambridge University Press, 2019), pp. 1-25 [8].

and physiological signs or “stigmata”… [that] were atavistic throwbacks to earlier stages in human evolution’.[24] Although, as Neil Davie noted, several British medical professionals previously claimed that there was a specific ‘criminal-type’ that possessed ‘distinctive anatomical physiological and behavioural traits’- Lombroso’s theories were met largely with hostility.[25] Yet, as Christopher Pittard argued, while professionals may have dismissed Lombrosian theory, it still featured prominently in the general public, as illustrated by its continuous appearance in Victorian newspapers and periodicals.[26] However, some popular fiction writers seemed to push back against the identification of the criminal through physical characteristics alone by depicting their criminals as respective members of society and/or as attractive, stigma-free men. As Matthew Levay stated, ‘the idea of the criminal as potentially unknowable was not simply a threat to public safety, but rather an opportunity to test the capacity of literary form to represent such an enigma’.[27] In the following two stories, Galbraith and Meade explore what happens when physicians abuse their power.

In the Séance Room

In 1893, Lettice Galbraith published ‘In the Séance Room’ in a collection of short stories, entitled *New Ghost Stories*, amidst the heated debates involving hypnotism. Patricia Thurschwell argued that the *fin de siècle* was a ‘peculiarly suggestible time, brimming with anxieties about the complete extinction of will brought about by the stage mesmerist, the medical practitioner, and the Society for Psychical Research experiment’.[28] Within Galbraith’s story we meet Dr. Valentine Burke who is depicted as someone ‘doing remarkably well’ and ‘ambitious’, but also as someone with seemingly little power due to

[24] Neil Davie, ‘Criminal Man Revisited? Continuity and Change in British Criminology, c.1865-1918’, *Journal of Victorian Culture* 8, no. 1 (2003), pp. 1-32 [3].
[25] Davie, p. 2.
[26] Christopher Pittard, *Purity and Contamination in Late Victorian Detective Fiction* (Farnham, Surrey: Ashgate, 2011), p. 114.
[27] Levay, p. 11.
[28] Pamela Thurschwell, *Literature, Technology and Magical Thinking, 1880-1920* (Cambridge: Cambridge University Press, 2001), p. 37.

having ‘little influence and less money’; he is a man that enjoys ‘his creature comforts’ but does not want to work for them.[29]

However, Burke soon sees a solution to his dilemma in the figure of Elma Lang, a wealthy heiress. Using his dashing looks and adept skill at mesmerism Burke soon convinces Miss Lang to become his wife and thereby secures his future. Or so it seems until Katherine “Kitty” Greaves, the daughter of a country doctor and former paramour of Burke, arrives, downtrodden and soaked from the rain on the brink of exhaustion. Placing Kitty in his consulting-room, Burke muses over ‘how quickly the breath of scandal can injure a professional man…his career would be practically ruined’.[30] Ultimately, Burke decides to hypnotize Kitty into drowning, marries Elma Lang, and makes a successful career until four years later when he is at a séance and the spirit of Kitty visits him. Burke refuses to tell Elma what happened, so she hypnotizes him into confessing his crimes. After reading a letter from Elma who has left him upon learning of Kitty’s murder, Burke takes his own life.

In casting Burke as the criminal hypnotist, Galbraith offers a social critique of a physician being trusted to wield the power of hypnotism by letting us know the innermost thoughts of Dr. Burke. Before Kitty’s arrival, Burke reads of her assumed death in a newspaper article that reported the recovery of a drowned female identified by the police and Kitty’s family via her clothing. This prompts Burke to murmur to himself ‘Poor Kitty is practically dead – to the world. What a pity…it would save so much trouble’.[31] Later, as Kitty collects herself in Dr Burke’s consulting room, he describes her in corpse-like terminology. Kitty’s ‘skin was strained tightly over the cheek-bones and looked yellow, like discoloured wax’; ‘with her dishevelled hair and rain-soaked garments, she had all the appearance of a dead body’ and he thought to himself ‘she looks as though she were drowned…when she is really dead she

[29] Lettice Galbraith, ‘In the Séance Room’ in *New Ghost Stories*, (London: Ward, Lock, Bowden, and Co., 1893), pp. 67-88 [67].
[30] Ibid, p. 72.
[31] Ibid, p. 70.

will look like that'.[32] He finally determines that 'she would be better dead. Why (he laughed suddenly a hard, mirthless laugh), she *was* dead already'.[33] Burke is correct in his observation that Kitty is already considered dead. Not only has a body been identified as her, but she is also dead to society for running off to be with a man who is not her husband. Although, it should be noted that there is a possibility that Burke hypnotized Kitty to aid in his seduction of her, thereby making her a victim of his advances. As Teri Chettiar advises:

> 'The possibility of illicit sexual relations between physicians and their female patients pervaded discussions of hypnotism in the 1890s. Popular warnings in the medical literature involved hypnotized women impregnated against their will, as well as otherwise moral women forced through suggestion to commit crimes on behalf of their hypnotist.'[34]

Kitty's very helplessness redirects her sins onto Burke as he clearly possesses the stronger will. This is especially apparent once Burke resolves to kill Kitty for, 'there was a long silence while their eyes met in that fixed stare-his cold, steady, dominating, hers flinching and striving vainly to withstand the power of the stronger will. In a few moments the unequal struggle had ended [...] the light of consciousness had died out of the blue eyes, leaving them fixed and glassy'.[35] Scholar Indu Ohri reads this scene as 'an unequal power struggle' which revealed 'the danger of a woman subsuming her identity, autonomy, and desires to a man'.[36] After ordering her to tell him of any existing letters that might incriminate him, Burke leaned 'forward and whispered a few words in her ear, repeating them again and again. The abject terror visible in her face would have touched any heart but that of the man in whose

[32] Galbraith, pp. 72-73.
[33] Ibid, p. 73. [Author's emphasis].
[34] Chettiar, 344.
[35] Galbraith, pp. 74-75.
[36] Indu Ohri, '"A Medium Made of Such Uncommon Stuff": The Female Occult Investigator in Victorian Women's Fin-de-Siècle Fiction', *Preternature: Critical and Historical Studies on the Preternatural* 8, no. 2 (Penn State University Press, 2019), 254-82 [p.271].

path she stood'.[37] Later, the reader learns that Burke hypnotized Kitty to drown herself. She flounders in the water while Burke yells at a park keeper to get help and 'attempts' to save her, and, through the narration of the park keeper the ghastliness of this scene is revealed for Burke's 'hands were regularly torn and bruised where she'd gripped him'.[38] Not only did Dr Burke abuse the authority of his position by hypnotizing Kitty to engage in suicide and potentially seduction, but he also cruelly tortured her by letting her know of her imminent death. Because of his respected position and successful staging of Kitty's death, Dr Burke is lauded as a hero with the newspaper applauding the 'gallant conduct of a well-known physician'.[39]

However, Kitty eventually enacts her revenge when Burke visits a séance with his wife, colleagues, and a medium, Madam Delphine, who Burke believes is trying to blackmail him when he receives a note from Kitty during the séance. After Elma requests the return of a diamond ring she had gifted Burke, which he lost when attempting to 'save' Kitty, the revenant of Kitty appears. As he watches Kitty approach him with his lost diamond ring, Burke is not sure if he imagines it or if Kitty actually screams out 'murderer'; regardless, the ring drops to the ground and she disappears. Burke sits there as one who has been hypnotized, for as his wife and a colleague try to remove him from the séance room, 'his eyes were fixed as though he was still confronted by that unearthly presence'.[40] No longer hidden, Burke's murderous past has forced its way into his present, upsetting his personal and private life and refusing to stay buried.

It seems as if Elma is truly the one that has reclaimed power as she is able to use Burke's powers of hypnotism against him, uncovers the truth, and leaves him; yet her letter to Burke does not seem triumphant at all. After learning that her wealth and connections were the

[37] Galbraith, p. 75.
[38] Ibid, p. 76.
[39] Ibid, p. 77.
[40] Ibid, p. 84.

motive for Kitty's death, Elma is distraught and sees 'nothing but densest darkness, and the only thing that is left to us is death'.[41] Burke will never be able to wash the blood of the innocent from his hands, and Elma realizes that they will never recover from it.

After reading Elma's letter, Burke takes his own life. He 'never hesitated a moment…As Elma had said, there was only one thing left for him to do, and-he did it'.[42] What is especially noteworthy about this line 'left for him to do', is that it appears in Elma's letter, 'the only thing that is left to us is death', which seems to imply that Elma, when hypnotizing Burke to tell her the truth, also hypnotized him to kill himself, for 'from the moment he opened the letter, Burke's decision was made'.[43] Ohri reads this scene as Elma turning Burke's own powers against him, arguing that when 'Elma reclaims her fortune and independence, Burke finds himself so powerless without her that he parallels Katharine in taking his mesmerizer's (unwitting) suggestion to commit suicide'.[44] Perhaps Elma did unwittingly suggest for Burke to take his own life, after all 'the only thing left to us is death', but to further complicate this reading, before Burke hypnotized Kitty to drown herself, she proclaimed that 'no one cares for me, no one wants me, and there is nothing left for me but to die'.[45] Once again we are presented with the sentiment 'nothing left for me but to die'. These are Kitty's words, not Elma's and not Dr Burke's, but they both repeat the last sentiments of a woman on the brink of death. Read in this way, it appears that the original victim in this story, Kitty, enacted revenge by liberating Burke's latest prisoner, his wife, and, indirectly, causing Burke's suicide by hypnotizing both of them in the séance room, an act that could have occurred through Burke's recovered diamond ring.[46]

[41] Galbraith, p. 88.
[42] Ibid, p. 88.
[43] Ibid, p. 88.
[44] Ohri, p. 275.
[45] Galbraith, p. 74.
[46] Dr. Luys especially was a believer in magnetizing objects to hypnotise patients using items such as mirrors and a magnetized iron circlet that could convey a previous person's thoughts and experiences onto the wearer. See Earnest Hart's, 'Notes on the New Mesmerism II', *The British Medical Journal* 1, no. 1673 (1893), 127–30.

With her short story ‘In the Séance Room’, Galbraith entered into contemporary debates concerned with who should be allowed to influence another person. Galbraith’s deliberate casting of a physician as the criminal hypnotist pushed back against the notion that a physician, just by the nature of his office, was not susceptible to corruption and alluded that no one should have that type of unquestionable and unregulated power over another. By having Dr Burke hypnotize Kitty, Galbraith tapped into fears over hypnotists taking sexual advantage of their patients, and by murdering Kitty, Galbraith repeated anxieties over criminal acts that hypnotists could perform and what they could force others to commit. In the end, Kitty was able to enact her revenge, but at what cost to her and to Elma?

My Hypnotic Patient

Elizabeth “Lillie” Thomasina Meade (1844-1914), publishing under the name of L. T. Meade, was a writer of both children and adult literature and enjoyed success with two popular series, *Stories from the Diary of a Doctor* and *The Adventures of a Man of Science*, that appeared in *The Strand* during the last decade of the nineteenth century. For both series, Meade consulted with a Metropolitan Police surgeon, Edgar Beaumont, and later Dr. Robert Eustace Barton. Janis Dawson advised that Meade’s medical stories ‘participate directly in the growing discourse on crime as disease circulated by criminal anthropologists and fueled by popular theories of degeneration’ thereby making her series popular enough to rival Arthur Conon Doyle’s *Sherlock Holmes* series that had just completed its run in *The Strand*.[47]

In 1893, the first of Meade’s twelve-part series, *Stories from the Diary of a Doctor*, appeared in *The Strand*,[48] with ‘My Hypnotic Patient’ published as the second story in the series. In ‘My Hypnotic Patient’, the main narrator of the series, Dr Clifford Halifax, is approached by a

[47] Janis Dawson, ‘L. T. Meade (1844-1914)’, *The Green Book: Writing in Irish Gothic, Supernatural and Fantastic Literature* 16 (Samhain 2020), 48-61 [pp.48, 51-53].
[48] Dawson notes that the series was so popular that a second twelve-part series was commissioned in 1895. Dawson, 51.

fellow doctor and friend, Poynter, who asks him to take over his duties at an asylum in the country so that he might be able to take holiday. Once there, Halifax meets a very sad and beautiful young girl whose eyes 'were full of the pleading expression I had only seen hitherto in a dog's'.[49] Dr Halifax is intrigued by Miss Whittaker because he does not believe that she belongs in the asylum, for 'if she is insane, God help the rest of the world', but all Poynter will tell him is that Miss Whittaker will remain an inmate for life because she committed murder.[50] As Miss Whittaker sickens after a burn injury that inflamed a pre-existing heart condition, Halifax is determined to prove her innocence and eventually locates her original physician, Dr Walter Anderson, who confesses that he mesmerized her, leading to the murder of his enemy.

With Meade's short story, we have an example of what could be considered a 'good doctor' in the character of Dr Halifax.[51] In Brian Hurwitz's analysis of a medical case study in which a young woman's health deteriorated over the course of several years and multiple visits to health institutions, Hurwitz uncovered a letter to the magazine that published the case study in which 'the correspondent, a professor of family medicine, demands to know how a human life could have been allowed to fall apart without someone responding to her plight earlier'.[52] It is a valid question, and one that applies to Miss Whittaker as there are three professionals mentioned that either place Miss Whittaker into the condition that she is in or do nothing to correctly diagnose her.

First, in the hands of an unscrupulous physician, Miss Whittaker's nervous condition is exploited until Dr Anderson has full control over her to do whatever he wants; thereby

[49] L. T. Meade, 'My Hypnotic Patient', *The Strand Magazine* 6 (July to December 1893), 163-77 [p.165].
[50] Ibid, 166.
[51] It should be noted that Meade has two other stories, 'The Red Bracelet' and 'The Paneled Bedroom', in which she has the figure of the 'good' doctor/man of science interact with villains that utilize hypnotism for their own ill-begotten means. Like 'My Hypnotic Patient', Meade has the character of the good doctor extremely knowledgeable of hypnotism but is careful to never let them practice it and corrupt themselves. Instead, by the nature of his authority and stronger will the doctor is able to get his patients to do the right thing.
[52] Brian Hurwitz, "Narrative Constructs in Modern Clinical Case Reporting," *Studies in History and Philosophy of Science*, Part A 62 (2017), 65-73 [p.69].

causing her further harm and forging an unhealthy and inappropriate connection. When Halifax approaches Miss Whittaker about Anderson, she is overcome with emotion at the thought of seeing him, to the point that she exclaims 'Oh, it would be life from the dead … but, oh, remember, if he fails to come after you have gone to him, I shall die!'[53] Perhaps realizing the possible impropriety of her emotions, Miss Whittaker is quick to inform Halifax:

> 'My feelings for Dr Anderson are-are not what you imagine. He is a physician, a great physician-a great healer of men. He soothes and strengthens and helps one, when all other people fail. He did much for me, for I was his patient, and he my physician. I love him as a patient loves a physician, not-not in the way you think. I am only one patient to him. It is not to be expected that he would give up his time to come to me here.'[54]

Meade carefully taps into debates over hypnotism and women being taking advantage of in this scene, but is quick to absolve Miss Whittaker of the shame of impropriety, even in her hypnotized state, by declaring that she loves him only as a physician, a man of medicine to whom she is eternally grateful to for helping her with her illness. Still, the reader cannot deny that there is an unholy connection between Dr Anderson and Miss Whittaker.

After Dr Anderson forced Miss Whittaker to commit murder, the judicial system evaluates her and fails to determine her innocence or that she was even hypnotized. Yet, even if the judicial system had determined Miss Whittaker was hypnotized then, as Roger Luckhurst noted, when it came to those robbed of their will and forced to commit horrendous crimes, the law 'would have to confront the paradox of innocently guilty agents, robbed of any memory or responsibility for their crimes'.[55] Even Miss Whittaker believes herself mad because she does not fully recall the horrid crime she committed and tells Halifax that 'I

[53] Meade, 171.
[54] Ibid, 171.
[55] Luckhurst, p. 152.

have nothing more to fear, and nothing more to lose…If I am insane, I don't feel it. Except for that one dark dream which I cannot distinctly recall'.[56] Miss Whittaker is mercifully spared from the memory of the murder but must live with the consequences of a crime she technically committed although not of her own freewill.

Lastly, Poynter, the resident doctor of the asylum, had Miss Whittaker in his charge but never correctly diagnosed her. To the judicial system and Poynter, Miss Whittaker was insane, and they felt no need to investigate further. This figure of the unperceptive doctor that caused harm to their female patients through their inaction featured prominently in another author's short stories during this time, Edith Nesbit.[57] Although not cast as the criminal hypnotist in 'Hurst of Hurstcote', the doctor does not initially believe in the powers of hypnotism, even though his old school companion, Hurst, a man of science, is a known dabbler. After Hurst's wife dies, she is caught between the world of the living and the dead as her soul is yoked to Hurst; a fact that the doctor repeatedly refuses to acknowledge despite Hurst's pleas otherwise, leading to unnecessary suffering on the wife's part. Scholar Sarah Bissell notes that in these short stories doctors usually operate as materialist doubters and that some doctors 'are so incompetent that their actions have deadly consequences [...] Such stories hint at the darker egotistical aspects of a medical profession which invites patients to entrust their lives to it while simultaneously failing to protect them'.[58] Although these incompetent doctors are not criminal hypnotists, they are no less the dangerous for it and bring great harm to the women in these stories.

Until Dr Halifax, only the nurse looks past Miss Whittaker's symptoms of madness to the illness within, though she is unable to fully diagnose her. Nurse Hooper vouches for the

[56] Meade, 170.

[57] The incompetent, unbelieving doctor also features in Nesbit's short story 'Man-Sized Marble', in which the doctor, through reason and logic, prevents the husband on returning and saving his wife from supernatural forces.

[58] Sarah Bissell, 'The Ghost Story and Science' in *The Routledge Handbook to the Ghost Story,* edited by Scott Brewster and Luke Thurston (New York: Routledge, 2018), pp. 40-48 [42].

character of Miss Whittaker by telling the doctor 'I'm aware of what they *say*. You don't catch *me* believing of 'em. Why, that young lady, she wouldn't hurt a *fly*, let alone kill a man. No, no, I know the good kind when I see 'em, and she's one'.[59] Unable to determine the root cause of Miss Whittaker's affliction, Nurse Hooper still sees more than the previously mentioned professionals. However, as Hurwitz notes 'detective and clinical case work share imaginative, interrogative and inferential moves inflected in appeals to puzzle out and fit together diverse pieces of information in a "single connected narrative"', and this is exactly what Dr Halifax does with his superior methods of deduction that weaves the multiplicity of narratives together and correctly diagnoses her condition.[60] Unfortunately, it is too late for Miss Whittaker, but she is at least allowed to die with her freewill restored.

If Halifax is the good doctor not resting until he has found the root cause of what ails Miss Whittaker, then there is no doubt that Dr Walter Anderson is the criminal hypnotist in this story. After traveling to the city to locate Anderson, Halifax learns that Dr Anderson is a hypnotist 'one of the most dangerous productions of modern times'.[61] Upon meeting him, Halifax's impression of the man does not improve, for Dr Anderson's eyes 'gave me at once a mingled sensation of attraction and repulsion… the eyes had a queer way of conveying a message without the lips speaking'.[62] Halifax's animosity towards Dr Anderson continues to grow even though, as he admits to himself, the doctor has been nothing but cordial to him and cleared his entire day to ride out and visit Miss Whittaker on her sickbed. Yet, Halifax muses, Dr Anderson 'practices hypnotism, and my natural instincts as a doctor are therefore in arms against him'.[63] Meade makes a clear delineation in this scene between the moral and upright doctor, who quests to find the root cause of Miss Whittaker's illness at all costs, and the medical practitioner who 'practices hypnotism', such a person cannot be welcomed

[59] Meade, 168 [author's emphasis].
[60] Hurwitz, 67.
[61] Meade, 172.
[62] Ibid, 172.
[63] Ibid, 173.

or encouraged by other doctors because they are morally corrupt for exerting their will on others.

Anderson's character depicts how power can corrupt the very people who are supposed to help the suffering. After he arrives at the asylum and quiets Miss Whittaker into a mesmeric sleep, Anderson confesses to Halifax:

> 'I can exercise great power over certain people-in short, I can hypnotize them. As a physician I was somewhat of a failure; as a hypnotist, I have been an enormous success. I have cured mind troubles, I have made drunkards sober, I have comforted folks who were in trouble, and I have removed by my influence the desire of evil from many hearts. Some of my patients speak of me as little short of an angel from Heaven. I have an extraordinary gift of looking right down into the souls of men; I can read motives, and I can absolutely subdue the wills of those over whom I have influence to my own will…[Miss Whittaker] is the most extraordinary medium I ever came in contact with. Circumstances arose which tempted me to use my power over her in an evil way.'[64]

Although Dr Anderson speaks of helping others and removing 'the desire of evil' from many patients, he is unable to remove this evil from his own heart. Tempted by Miss Whittaker's power, Dr Anderson cannot resist committing a heinous crime. As he continues to tell Halifax, there was a man that he absolutely detested, but one day Anderson 'observed that when he came into the room she shuddered, trembled, grew very pale, and turned her head away. I guessed at once that my will was influencing her, and that because I hated him she did the same… I willed her to hate him more and more'.[65] Anderson completely understood the effect of his emotions on Miss Whittaker, even if she did not; yet he continued to submit

[64] Meade, 175.
[65] Ibid, 175.

her to feelings that clearly distressed her. This dichotomous image of a doctor who has at various times helped and irrevocably harmed his patients ties into Christopher Pittard's argument of how the 'problematic image of the doctor' is conflicted for 'often doctors are more powerfully portrayed as criminals, for whom murder is a development from vivisection and experimental medicine'.[66]

Dr Anderson claims that he never willed Miss Whittaker to kill the man; rather, it was a natural conclusion she reached herself to the point that 'this innocent, gentle, affectionate girl went to the man's rooms, and because I hated him, and because I willed her to hate him too, she took his life'.[67] Although Dr Anderson has absolved himself of the actual murder of his enemy, Miss Whittaker complicates this narrative when she deliriously revisits that moment and states, 'I have heard you telling me day and night to hate him. To hate him! I do hate him. Now you tell me to kill him. Please don't tell me that. Please stop before you ask that. I'll have to do it if you insist, but don't insist. Don't lay this awful, awful command on me. Did you say you must? Did you say you would have to lay it on me? Then I'll do it!'[68] In Miss Whittaker's narrative, she never had a choice. She begged Dr Anderson not to force her to commit murder, but ultimately, he overpowered her will, a fact that is drove even further home when she says that she knows it will lead to prison, then death, but if he asks her to do it, she will 'go even there for your sake'.[69] As Christopher Pittard noted while examining criticism that the British medical press levied against Meade's stories, her 'fantasies were often built upon existent anxieties and debates'.[70] Like Galbraith, Meade has tapped into anxieties about women being forced to engage in criminal acts to their detriment by the very people they are supposed to trust with their lives.

[66] Pittard, p.163.
[67] Meade, 175.
[68] Ibid, 176.
[69] Ibid, 176.
[70] Pittard, p. 158.

Similar to Galbraith's story, the hypnotist ultimately ends up taking Miss Whittaker's life through the chain of events he set in motion, but unlike Galbraith's dark, violent death of Kitty, Meade invokes the early and mid-century idea of a 'good death'. Margarete Holubetz identified several common tropes that appeared in deathbed scenes in Victorian literature in which 'the hour of death is often presented as a grand scene of farewell and judgement' that typically takes place at the dying's residence surrounded by family and friends.[71] With Miss Whittaker, her home is now the asylum and as she lies in her bed, surrounded by Dr Anderson and her new champion Dr Halifax, Anderson gifts Miss Whittaker's will back unto her. Holubetz states that most deathbed narratives consisted of the dying having 'hot and feverish hands', a wandering mind that 'often regresses to a childlike state of innocence', and visitations from previously deceased family members to accompany them on their next journey.[72] As Dr Anderson enters into Miss Whittaker's sickroom, he 'took her two little hot hands in one of his, and sat down by her side'.[73] Once her will was gifted back to her, Miss Whittaker 'lay in a state of delirium all through the night, but she did not talk of any more horrors… Her conversation was all of her mother who was dead, and of her own life as a light-hearted schoolgirl'.[74] Once Dr Anderson removes the corruption of hypnotism from Miss Whittaker, she is seen as pure enough to die a good death and is no longer tainted by the murder Anderson forced her to commit against her will.

Although allowing Miss Whittaker to have a peaceful passing with the hopes of a heavenly reward, Meade resorts to a pragmatic viewpoint of the fate of Dr Anderson, the true criminal. As Susan Poznar noted 'knowledgeable characters often dwell on the mesmerist as a legal untouchable, and this may represent a wider public recognition that English law was in flux, often inconsistent, even inadequate'.[75] Meade has the character of Dr Anderson illustrate the

[71] Margarete Holubetz, 'Death-Bed Scenes In Victorian Fiction', *English Studies* 67, No. 1 (1986), 14-34 [p.15].
[72] Ibid, 20.
[73] Meade, 174.
[74] Ibid, 177.
[75] Poznar, 431.

unjustness of this to Dr Halifax when he speaks of admitting to his involvement in the heinous murder, 'I shall lose my patients and my chance of success in life, but there are no laws at present to punish hypnotists'.[76] With Miss Whittaker's passing, Anderson no longer has to admit that he hypnotized her. Halifax informs the reader that he never saw Anderson again, but we are left with the rather naive impression that Anderson 'will never again try hypnotism, either for good or evil'.[77] Janis Dawson remarks that both Arthur 'Conan Doyle and Meade exploit[ed] the *fin de siècle's* heightened anxiety about crime and criminality by allowing their criminals to disappear, presumably to strike again'.[78]

Conclusion

In December of 1893, *The Illustrated Police News* reported that Rose Kamper, a former patient of the Salpêtrière Asylum, had shot Dr. Gilles de la Tourette three times at his residence from which he luckily survived with superficial wounds.[79] It was reported that Kamper was "calm, self-possessed, and apparently unconscious of what she had done" and "that she was acting under suggestion…as she had been the victim of hypnotisers like" the doctor.[80] Although not entirely like Meade's tale, "My Hypnotic Patient", it is eerily similar and demonstrates the exact anxieties Meade and Galbraith articulated in their short stories about the unscrupulous abuses of hypnotism even in the hands of medical practitioners, a link that cannot be made unless we examine the short stories written by women during this time. By analyzing these stories, we are able to see how some authors pushed back against the narrative of medical men being allowed to exert control over the will of women. Galbraith and

[76] Meade, 176.
[77] Ibid, 177.
[78] Janis Dawson, 'Rivaling Conan Doyle: L. T. Meade's Medical Mysteries, New Woman Criminals, and Literary Celebrity at the Victorian *Fin de Siècle*', *English Literature in Transition, 1880-1920*, Volume 58, Number 1 (2015), 54-72 [p.60].
[79] Tourette was a former pupil and follower of Charcot from the Salpêtrière Hospital and wrote several papers on a condition that would later be named Tourette's syndrome.
[80] 'Murderous Hypnotism', *Illustrated Police News*, December 16, 1893, *British Library Newspapers*, https://link-gale-com.proxy.lib.fsu.edu/apps/doc/BA3200812382/BNCN?u=tall85761&sid=bookmark-BNCN&xid=240bec07. Kamper was declared insane and spent several years in mental hospitals after this incident with the accusation of hypnotism dropped. For further information see Julien Bogousslavsky et al. 'Crime, Hysteria and Belle Epoque Hypnotism: The Path Traced by Jean-Martin Charcot and Georges Gilles de la Tourette', *European Neurology* vol. 62,4 (2009), 193-9.

Meade both opposed the idea that this type of power should be in anyone's hands: male, female; doctor, patient; living, or dead. Those who have that much control over others destroy lives, and according to Galbraith and Meade, it can only be resolved in death.

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‘DISEASE MONGERING’: THE CASE OF GENITAL HERPES

EVA SURAWY STEPNEY

In her 1992 monograph *Disease Mongers: How Doctors, Drug Companies, and Insurers are Making you Feel Sick*, medical writer Lynn Payer conceived of the term ‘disease mongering’: the process of expanding the boundaries of disease definitions in order to broaden the market for pharmacological treatment.[1] The concept has since been adopted by a number of scholars, including the psychologist Leonore Tiefer, who has published on the marketing of female sexual arousal disorder (FSAD) by Pfizer, and health researchers Ray Moynihan, Iona Heath, and David Henry, who highlight Irritable Bowel Syndrome (IBS) and premature hair loss as among the diseases ‘exaggerated’ by companies seeking to establish a market for new therapeutic drugs.[2] Moynihan et al have been particularly forthright in identifying the central tactics employed by those who ‘sell’ disease. These include raising public awareness about an underdiagnosed problem; taking a ‘normal’ function and implying that there is something wrong with it; defining a large proportion of the population as having the disease; and classifying personal and social problems as distinctly medical.[3]

Drawing upon these latter criteria, the following paper will make the argument that the Wellcome Foundation’s marketing of the anti-viral drug acyclovir (Zovirax) for the treatment of the herpes simplex virus- relating to cold sores around the mouth and genitals- can be understood within the frame of ‘disease mongering’. Between 1980 and 1990, the British based pharmaceutical company put considerable resources into encouraging general practitioners to recognise herpes as a significant ‘problem’ which required widespread diagnosis and treatment. Through a visual analysis of a novel source base- the marketing

[1] Payer, L., *Disease Mongers: How Doctors, Drug Companies, and Insurers are Making You Feel Sick* (New York, 1992).
[2] Tiefer, L., ‘Female Sexual Dysfunction: A Case Study of Disease Mongering and Active Resistance’, *PLOS Medicine* 3.4 (April, 2006); Ray Moynihan, Iona Heath, David Henry, ‘The Pharmaceutical Industry and Disease Mongering’, *British Medical Journal* 324 (May, 2002).
[3] Ibid, p.3.

materials produced by Wellcome throughout the decade- I will exemplify how this was achieved through a four-stage advertisement campaign. The first period consisted of establishing the market for a novel herpes treatment; the second positioned Zovirax as a scientific breakthrough; the third highlighted herpes as a socially detrimental virus; and the fourth created a link between the suppressive therapy and the treatment of psychological morbidity (associated with infection). Each stage of the campaign represented an attempt to widen the patient market and re-define the boundaries of those considered 'sick' with herpes simplex. The result was a conception of herpes as a prevalent and highly stigmatised sexually transmitted disease which, whilst treatable, had profound personal, social, and psychological implications.

In order to combat some of the limitations of the term 'disease mongering'- which refers solely to the actions of pharmaceutical companies, without acknowledging the pre-existing context of illness or the way in which disease definitions are negotiated in the medical sphere- each section will be contextualised within broader medical literature. Whilst there is no direct-to-consumer advertising of prescription medicines in the UK, general practitioners and health service workers receive substantial amounts of promotional material from pharmaceutical companies. This paper thus extends the 'disease mongering' framework into the British context.

1. Establishing the market: 1981-1982

The market for Zovirax/acyclovir did not emerge out of a vacuum. Fears concerning oral and genital herpes were already circulating in Britain, where venereal diseases have a long history of stigmatization (see Lesley Hall and Roger Davidson's seminal collection *Sex, Sin and Suffering*).[4] It is thus unsurprising that prior to acyclovir being granted a license in the

[4] Davidson, R., Hall, L., (ed.) *Sex, Sin and Suffering: Venereal Disease and European Society since 1870* (Abingdon, 2001).

UK, herpes was already considered a noteworthy infection within British medical discourse. In an article published in the *British Medical Journal* (BMJ) in 1978, the genitourinary clinician John Kenyon Oates described 'herpes infection' as 'the most important sexually transmitted disease of the time' due to its 'high prevalence' and 'tendency to recur'.[5] This statement was substantiated through the use of statistical data acquired from sexual health clinics across the UK: between 1971 and 1978 'the number of new cases has risen from 3,671 to 8,957' making 'the herpes disease twice as common as syphilis'.[6] Oates lamented the lack of an effective treatment or vaccine for herpes, and referred to existing antiviral agents as 'too toxic for systematic administration' and only having 'limited influence on the course of attack.' Whilst 'eventually more effective treatment may enable us to control the disease', the clinician suggested that 'the most important aspect of managing genital herpes is sexual abstinence and the tracing of earlier partners.'[7] The desire to control sexual conduct in the perceived absence of effective medical intervention reflected a recurring pattern in historical responses to venereal disease- both in approaches to syphilis prior to penicillin, and in the subsequent stringent policing of behaviour during the HIV/AIDS epidemic.[8]

Despite already possessing the status of a noteworthy medical problem, genital herpes received an increased amount of press attention in the early 1980s. There is evidence to suggest that this was part of what Moynihan et al refer to as 'establishing a need for treatment': prior to the launch of a new therapeutic drug, pharmaceutical companies utilise media outlets to raise the profile of their targeted condition.[9] In a folder titled 'Zovirax 1981-1982', assembled by the Wellcome foundation's marketing team, there were a series of

[5] Oates, J.K., 'Genital Herpes', *British Medical Journal* (June, 1978), p.1539. Also, author of *Herpes: The Facts* (Penguin, 1983).
[6] Ibid.
[7] Ibid.
[8] See: Walkowitz, J. R. *Prostitution and Victorian Society: Women, Class and the State* (Cambridge: 1980); Howell, *Geographies of Regulation: Policing Prostitution in Nineteenth-Century Britain and the Empire* (Cambridge: 2009). For AIDS: Mckay, R., *Patient Zero and the Making of the AIDS Epidemic* (Chicago, 2017).
[9] Moynihan et al., 'The Pharmaceutical Industry and Disease Mongering', p. 887.

documents signifying a substantial pre-launch advertisement crusade. Reference was made to a 'major public relations campaign' having been 'planned by our PR department in Euston to precede the UK launch'.[10] This included press releases to 'all forms of media'- medical journals, national and local newspapers, and radio stations- as well as features in television programmes such as *Horizon* and *Medical Express.*[11] The effects of this pre-launch publicity can be determined by the large number of articles published between 1981 and 1982, in both the medical and local press, which referenced genital herpes and the Wellcome company in the same sentence. The *Dartford and Swanley Chronicle* wrote of how 'a new attack on genital herpes, the sexually transmitted plague…will be launched from Dartford' (where the Wellcome production centre was located), whilst *Student* discussed a 'recent press statement issue by the Wellcome Foundation which referred to genital herpes as "nature's revenge for a permissive society".[12] More explicitly, *Modern Chemist* directly attributed 'an increasing awareness of the problem [genital herpes]' to the 'research work carried out by the Wellcome foundation on anti-viral drugs- notably acyclovir.'[13] The self-promotion generated through Wellcome's pre-launch PR campaign is evident; as is their inflated and moralising rhetoric which depicted herpes as the consequence (or 'plague') of a sexually liberal society.

2. A scientific breakthrough: 1982-1983

Having contributed to the inflated media attention surrounding herpes simplex infections, the Wellcome Foundation's first set of promotional leaflets, distributed to general practitioners in the early 1980s, offered Zovirax as a panacea for existing concerns.[14] The imagery used in the initial materials was particularly striking: the herpes virus was depicted as a disembodied

[10] The Wellcome Foundation, 'Zovirax [for herpes simplex]', 1981-1982, The Wellcome Library, GB., WF/M/PL/432.
[11] Ibid.
[12] Anon., 'Wellcome attacks Herpes Plague'*, Dartford and Swanley Chronicle* (March, 1982*);* Sanderson, R., 'Fear of Loving', S*tudent* 53.5 (early 1982).
[13] Anon., 'Herpes Increase', *Modern Chemist* (Jan, 1983).
[14] The Wellcome Foundation, 'Zovirax [for herpes simplex]', April 1982, The Wellcome Library, GB., WF/M/PL/432.

computer-generated graphic, situated on a black background (figures 1 and 2). In the first pamphlet given to clinicians (figure 1), a luminous flash covered the page, and on the inside of the second pamphlet (figure 3) a stream of pink and blue spilt from the hexagonal shaped 'o' in ZOVIRAX. The video-game like quality of these illustrations conveyed a message of innovation, progress and medical success; the new anti-viral agent was able to zap and destroy the herpes virus within the dark confines of the body. Interestingly, in the visual rhetoric of these materials, the patient was entirely absent. Instead, the doctor (as viewer) was invited to witness the workings of a new and modern technology. Both of the initial leaflets were text heavy, and orientated themselves around Zovirax being a new scientific solution to an old medical conundrum ('now you can revolutionise your treatments of herpes simplex infections'). In contrast to pre-existing treatments, predominately a drug called Immunovir, Zovirax was described as possessing 'new concepts of antiviral selectivity' and 'new standards of effectiveness and tolerance': it could target infected cells and prevent viral replication without affecting host cells. This point was reiterated in the short phrase which appeared across the promotional material- 'the effective, selective anti-viral'. It is noteworthy that the group of patients identified for Zovriax treatment were 'the immunocompromised' and those 'sufferers of initial herpes genetalis.'[15] The targeting of this patient-group was substantiated with scientific reasoning. Immunocompromised patients were at greater risk of complications from herpes simplex and acyclovir was described as only effective when used at the preliminary stage of infection.

[15] The Wellcome Foundation, 'Zovirax [for herpes simplex]', WF/M/PL/432.

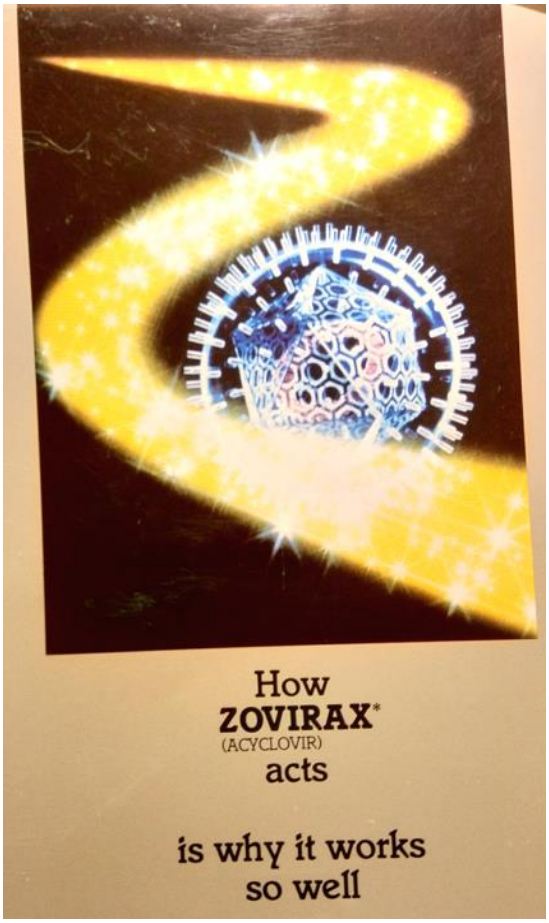


Figure 1: The Wellcome Foundation Ltd. 'Zovirax [for herpes simplex]', 1981-1982, WF/M/PL/432.

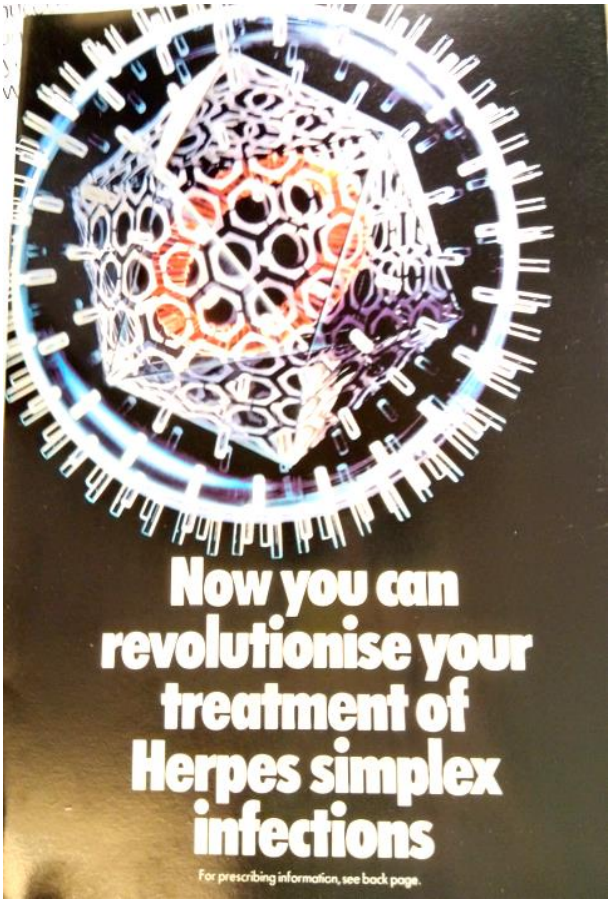


Figure 2: The Wellcome Foundation Ltd. 'Zovirax [for herpes simplex]', 1981-1982, WF/M/PL/432.

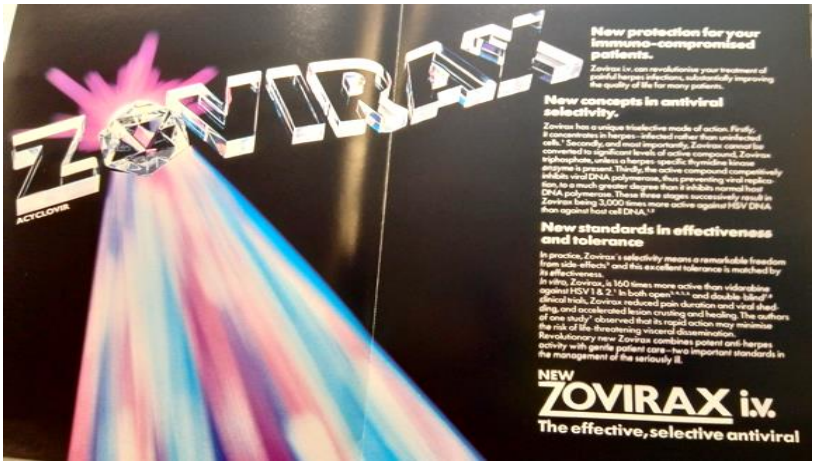


Figure 3: The Wellcome Foundation Ltd. 'Zovirax [for herpes simplex]', 1981-1982, WF/M/PL/432.

As a counterpoint to the scientific promise expressed in the first stage of Wellcome's advertising campaign, the medical response to Zovirax was characterised by reservation. In 1983 two genitourinary consultants, who would both go on to specialise in HIV/AIDS treatment, accused the medical and mainstream media of portraying an image of herpes that

was ‘sensational, inaccurate, and of little help to patients.’[16] Michael Adler and Adrian Mindel wrote in the BMJ that ‘whilst half a million cases covering a wide range of sexually transmitted diseases are seen in clinics in Britain every year’ genital herpes ‘accounts for only 2% of all diagnoses.’ Attributing the media-hype directly to the emergence of Zovirax, the clinicians maintained that ‘the introduction of the specific anti-herpes drug acyclovir’ has ‘encouraged old patients to return to doctors with the expectation of cure... and seek reassurance that not everything they read in the media is true.’[17] In response to Adler and Mindel’s article, two clinicians from a genitourinary department in a Bournemouth hospital, agreed that the media had ‘inaccurately highlighted the horrors and raised the hopes of a cure in herpes with the new antiviral drug acyclovir.’[18] This had ‘created panic’ which was

> ‘made so evident by the number of patients with recurring herpes attending the department expecting to receive acyclovir and be cured of herpes.’[19]

Instead of the ‘revolutionary scientific breakthrough’ presented in Wellcome’s colourful marketing campaign, these specialist clinicians expressed a desire ‘to caution the unwary that acyclovir has its limitations’. To be effective ‘it has to be taken in the early stages’ and it is ‘expensive, particularly considering the marginal benefits.’ Instead, the Bournemouth based clinicians recommended a ‘simple saline bath and talcum powder’ which is ‘as effective and cheaper.’[20] Whilst the media efforts of Wellcome had increased the number of patients seeking clinical attention, the necessity of widespread diagnosis and prescription had not yet been fostered across the medical profession.

3. Herpes as a social infection

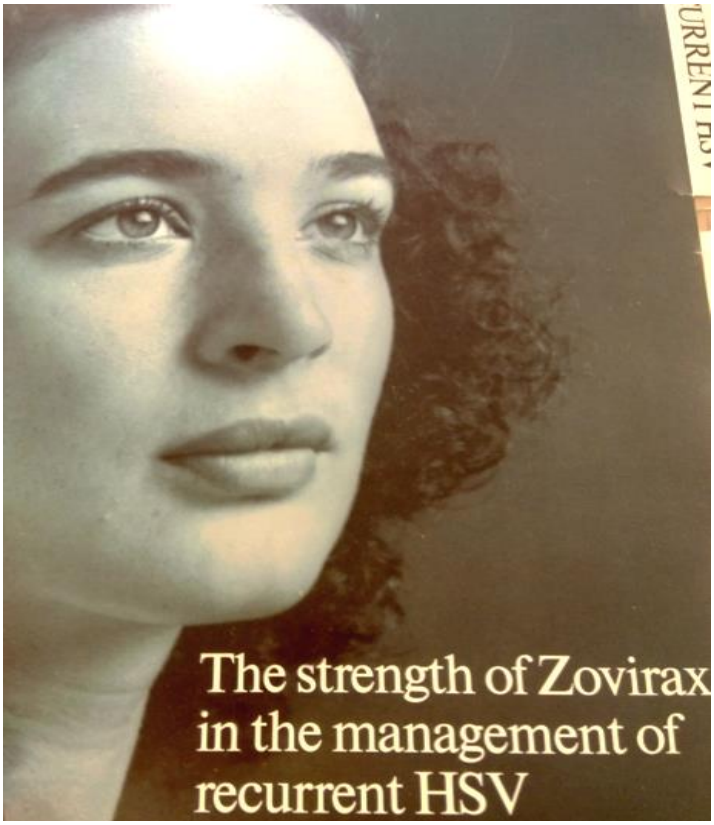
[16] Michael W. Adler, Adrian Mindel, ‘Genital herpes: hype or hope?’, *British Medical Journal* (June, 1983), p. 1767.
[17] Ibid.
[18] A. H. De Silva, R. Basu Roy, ‘Genital herpes; hype or hope?’, *British Medical Journal* (July, 1983), p.215.
[19] Ibid.
[20] Ibid.

i. Isolated women: 1983-1984

In light of this context, the Wellcome foundation changed their marketing strategy in 1984, showing an increased preference towards the use of human subjects. The space-age style leaflets, which positioned the herpes virus as central, were replaced by close-up photographs of individuals, predominately attractive white women. In a leaflet used to advertise Zovirax in the 'management of recurrent HSV' (which included both cold sores and genital herpes), a classically good-looking female was photographed gazing into the distance.[21] The image gave no sense of the aetiology of the infection, or the process by which Zovirax acted to treat it (figure 4). Instead, the promotional material can be read as an example of what the sociologist Erving Goffman has termed 'licensed withdrawal': female subjects are often depicted in adverts as vulnerable and dreamlike, invoking the impression that they are removed from their surroundings and the social setting at large.[22] Such an idea is reiterated in the text on the following page. Under the title 'recurrent HSV infection can make life a misery' a list of bullet points included 'embarrassment', 'discomfort', 'unsightly appearance', and 'disrupted lifestyle'.[23] The final page provided the practitioner-viewer with a solution to this array of social difficulties: the male doctor (indicated by the masculine hand) was being given a chance to help the socially outcast woman through the writing of a prescription (depicted in figure 5). A similar approach was adopted in the marketing of Zovirax for cold sores (figures 6, 7). This time a woman was photographed staring directly at the viewer, inviting them to take an interest in her suffering. The taglines 'things you should know about cold sores' and 'there's more to a cold sore than "just a cold sore" portrayed the woman as source of both infection and knowledge.[24] On the opposing side of the

[21] The Wellcome Foundation, 'The Management of Recurrent HSV': Zovirax [for herpes simplex], 1984, The Wellcome Archives, GB., WF/M/PL/432.
[22] Erving Goffman, *Gender advertisements* (Harvard, 1979), p.54.
[23] 'The Management of Recurrent HSV': Zovirax [for herpes simplex], WF/M/PL/432.
[24] Ibid.

photograph, the following was written: ‘not only can herpes simplex (HSV) cause painful, unsightly, and embarrassing cold sores’ but ‘it can also be transmitted to the genitals and wounds.’ Both the focus on women, and the positioning of either their appearance or their distanced gaze at the centre of the adverts, indicated a new approach to encouraging the treatment of herpes infections. Rather than the eradication of a viral illness, the prescription of Zovirax was equated with the restoration of social integration and the return of traditional feminine attractiveness.



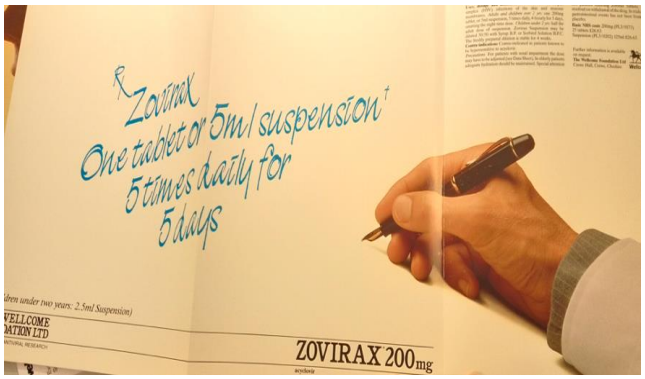


Figure 4 (left) and 5 (top)
‘Zovirax’, 1982-1988,
WF/M/PB/34/05/10.

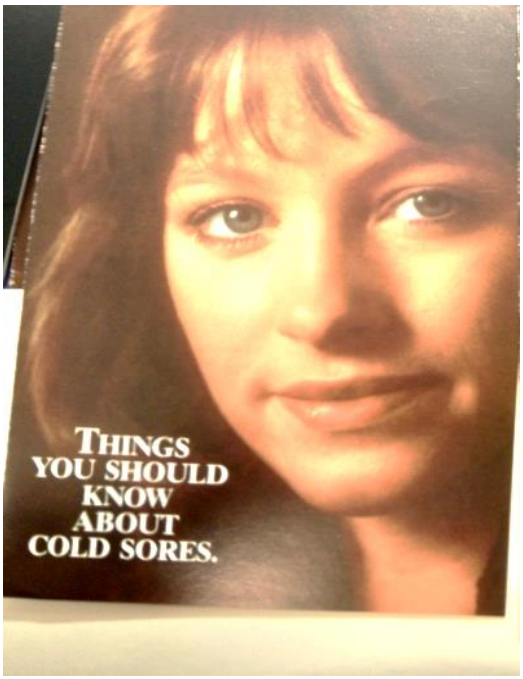


Figure 6 and 7
'Zovirax', 1982-1988,
WF/M/PB/34/05/10.

The focus on female subjects can be attributed to a number of things. Firstly, as was also the case with gonorrhoea and syphilis, prior to the development of increasingly precise diagnostic tests, it was difficult to diagnose herpes simplex infections in women as they were largely asymptomatic. The prospect of neonatal herpes infection, which could result from asymptomatic viral shedding, was also a concern amongst medical professionals in the early 1980s.[25] However, whilst this goes some way to explaining why women were a valuable market for Wellcome to target, Goffman's conception of 'stigma' further elucidates this period of Zovirax advertising. Goffman defined stigma as the process by which certain attributes became discredited by society, leading those who possess such attributes to be seen as 'tainted'.[26] Since advertisements interacted with what Goffman has called our 'virtual social identity' (assumptions about 'what the individuals before use ought to be') they can be understood as essential in shaping consensus regarding what constituted desirability.[27] The leaflets depicting attractive women presented- and contributed to- a preferred standard of

[25] Adler wrote that 'up to 70% of babies with neonatal herpes simplex are born to mothers with no symptoms'. Adler, M., 'ABC of Sexually Transmitted Diseases: Genital Herpes', *British Medical Journal* 287 (Dec, 1983), p.1864.
[26] Goffman, E., *Stigma: Notes on the Management of Spoiled Identity* (London, 1990), p.1.
[27] Ibid, p.2

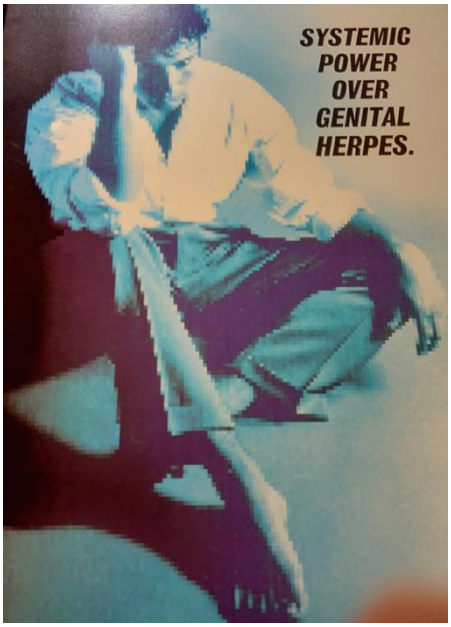
physical attractiveness, which could be restored through pharmacological intervention. In contrast, statements such as 'when I get a cold sore all I want to do is hide my face' placed next to an enlarged photograph of a woman with a black box covering her eyes, and a cold sore by the side of her mouth (figure 8), formed the unsavoury (and stigmatised) image of those left untreated.[28]

Figure 8
'Zovirax', 1982-1988,
WF/M/PB/34/05/10.

In Goffman's *Gender Advertisements,* the sociologist referred to the 'ritualisation and subordination' evident in consumer advertisements; poses such as lowering oneself physically are frequently deployed as a 'universal' articulation of femininity.[29] It is thus significant that when male subjects do appear in the Zovirax materials of this period, they are consistently depicted in cowering positions, either lying on the floor (figure 9) or sat down leaning on their fist (figure 10).[30] As with the withdrawal of the female subject, the position of being floor-bound signified a failure of the individual to continue with their life, the herpes infection having disrupted their normality, stability, and social 'power' (the images were also

[28] 'The Management of Recurrent HSV': Zovirax [for herpes simplex], WF/M/PL/432.
[29] Goffman, *Gender advertisements*, p.40.
[30] The Wellcome Foundation, 'Power to Succeed Against Herpes': Zovirax [for Herpes Simplex], 1984, The Wellcome Archives, GB., WF/M/PL/432.

pixilated). Whilst reference to the 'effective and selective' elements of Zovirax treatment were included on the back of the leaflets, the dominant intention of these adverts was to equate genital and oral herpes with social subordination. The doctor-viewer was again positioned as looking down on a 'feminised' male body, with Zovirax offering the 'power' to pull him back up. The heading 'power to succeed against herpes' reinscribed this link between anti-viral treatment and the restoration of strength, sociability and masculinity.



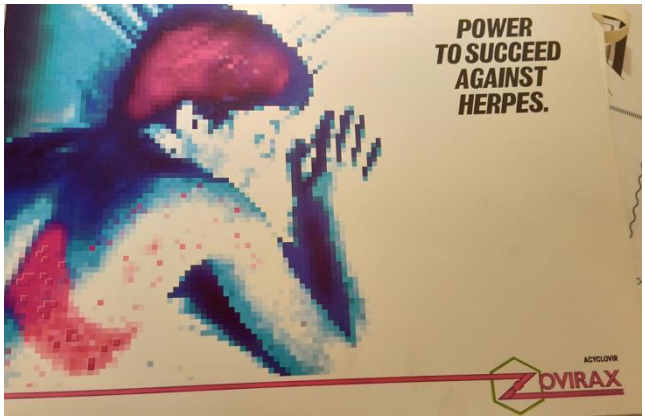


Figure 9 above and figure 10 left.
'Zovirax', 1982-1988,
WF/M/PB/34/05/10.

ii. Social relationships: 1984- 1985

In the final months of 1984, the Wellcome marketing team faced certain obstacles. The company's new anti-viral drug was expensive and the medical community were forthright in their fears that acyclovir/Zovirax may in fact lead to anti-viral resistance. These concerns surfaced as Wellcome sought to extend their acyclovir licence to include prophylactic use by immunocompromised patients. In August 1984 *Pulse*, a newspaper written by and for general practitioners, issued a report on the Ninth International Congress on Pharmacology.

The report quoted Professor Widly, a researcher from the pathology department at Cambridge University, expressing that "resistance to HSV strains would occur if prophylactic doses of acyclovir… were given to libidinous, selfish, amoral individuals…who spend a great deal of time with the opposite sex".[31] Whilst this exhibits the unflinching level of moralising that continued to characterise medical approaches to sexually transmitted disease, Wildly's concern over resistance had more tangible roots. Researchers from the Cambridge pathology department in which he worked had given 'doses of acyclovir' to a set of mice, observing that developed considerable resistance after two passes of the virus.[32] Only two months later an article expressing similar concerns again appeared in *Pulse*. A London-based venereal diseases specialist was quoted: "we are already encountering viral resistance to acyclovir" and that if the treatment is "thrown about all over the place we will get the old problem of drug resistance that we got with bacteria".[33] Both the latter clinician and Professor Wildly before him had suggested that acyclovir should only be used to treat acute forms of herpes or as a "life-saving drug".[34] Whilst a Wellcome-spokesman responded to such concerns by stating "there is no evidence to show that resistance is a problem in treating mild cases of genital herps with acyclovir", the drug company were having problems broadening the market for herpes treatment beyond those with critical stages of infection.[35]

It is within this broader medical discussion that the Wellcome foundation once again modified their marketing strategy. The leaflets sent to practitioners throughout 1985 began to situate Zovirax therapy in the context of a relationship, rather than as a social aid to a feminized individual. In April of that year, a pamphlet relating to those who experienced 'frequent or severe attacks' of genital herpes was circulated.[36] The material appealed to both the clinical validity of Zovirax treatment ('it remains well tolerated over years of clinical

[31] Anon, 'Professor Warns of Mutant Herpes Virus', *Pulse* (August, 1984).
[32] Ibid.
[33] Anon., 'Concerns over prophylactic acyclovir', *Pulse* (October, 1984).
[34] Ibid.
[35] Ibid.
[36] The Wellcome Foundation, 'Zovirax: Systematic Power with Selective Action', April 1985, Zovirax [for herpes Simplex], The Wellcome Library, GB., WF/M/PL/432.

success') and its effects on the biomedical aspects of infection (it 'shortens the duration of active disease'). However, a 'patient case file' was also included. The file narrated the experience of a man who suffered from recurrent genital herpes, and who spent 'all of his time either suffering an attack, or fearfully awaiting the next one.' The text described how the infection had led to this man's 'marital relations' being 'strained' and how this was 'having an adverse effect on the whole family.'[37] The case narrative was accompanied by the image of a man and woman sitting at a table, the woman leaning on her fist (akin to the male subject in the 'power to succeed' adverts), her husband glancing at her (figure 11). Under the heading 'patient counselling' the language of therapeutic liberation was employed. The primary care doctor was told that he could provide the patient 'real hope for a recurrence free life', 'releasing' the man from 'severe attacks and social devastation' via the prescription of Zovirax. A second illustration presented the post-treatment future: the same man and woman, this time with their happy child, were photographed sitting on a park bench smiling (figure 12). The family are outside, implying that their social life had been reinstated (in the former picture the couple are inside with the door closed), with the man positioned above the woman, his wife and child looking up at him in admiration; he was once more head of the family. Unlike the previous advertisements, Zovirax was not presented as concerned with personal appearance, but with the failure to fulfil familial obligations such as marriage and parenthood. Wellcome had chosen to extend the appeal of their anti-viral drug beyond a desired state of health, to a preferred socio-relational state of being. This fits with Moynihan et al.'s characterisation of 'disease mongering' as involving the transformation of personal and social problems into medical ones.[38]

[37] The Wellcome Foundation, 'Zovirax: Systematic Power with Selective Action', WF/M/PL/432.
[38] Moynihan et al., p.887.

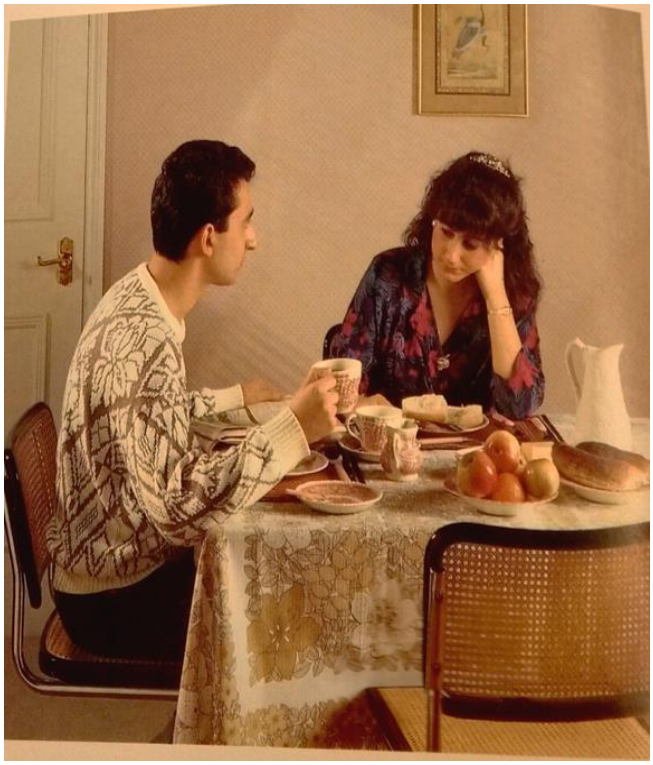


Figure 11, The Wellcome Foundation, 'Zovirax', 1982-1988, WF/M/PB/34/05/10.

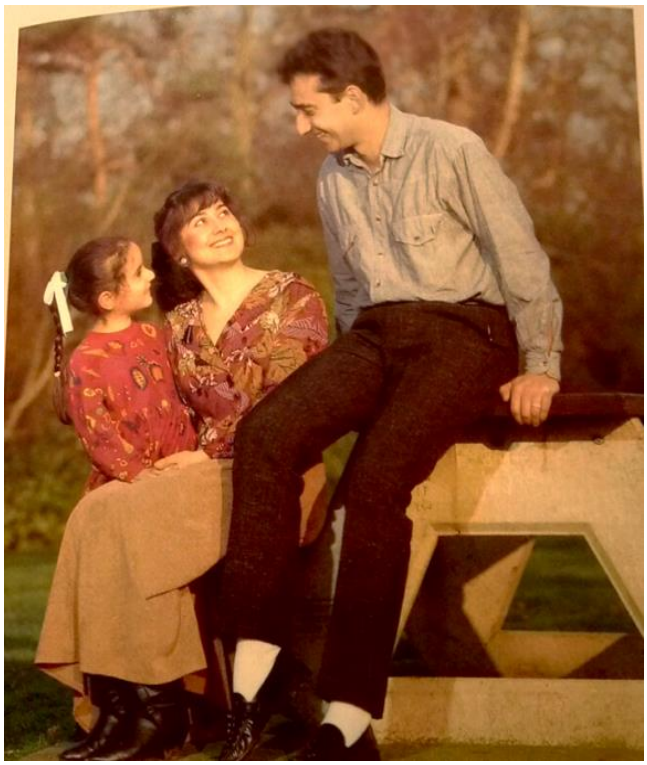


Figure 12, The Wellcome Foundation, 'Zovirax', 1982-1988, WF/M/PB/34/05/10.

4. 'Herpes neurosis': 1986-1989

In 1987 the Wellcome Foundation produced a set of three educational booklets titled *General Health Digest* which were again sent to general practitioners across the UK. It is through such material that we can access the final stage of the Zovirax marketing campaign, where a link was established between herpes infection and emotional 'problems.' A general letter which accompanied the first *Digest* booklet, described the experience of genital and oral herpes as 'physically and psychologically distressing' with patients who experience 'only infrequent mild attacks…suffering emotional problems.'[39] Such a statement indicated a widening of the patient market. Whilst the previous promotional material encouraged clinicians to prescribe treatment to immunocompromised patients and those with severe or recurring attacks, the introduction of 'emotional problems' meant that those with 'infrequent mild attacks' were now also depicted as sufferers. In response to the 'emotional problems' of

[39] The Wellcome Foundation, 'Dear Doctor', March 1987, Zovirax 1982-1988, The Wellcome Library, GB., WF/M/PB/34/05/10.

their patients, the letter urged doctors to prescribe Zovirax tablets 'together with wider aspects of patients counselling.'[40] It is notable that the anti-viral agent was being marketed as a supplement to, rather than replacement of, alternative therapeutic interventions. A similar message was articulated in the 'Dear Doctor' letters accompanying the second and third *Digest* booklets. Apparently,

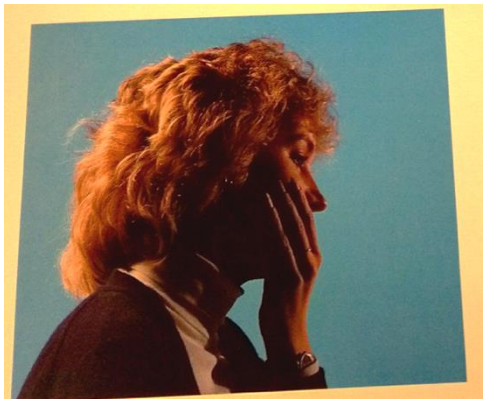
> 'successful management of their [the patient's] condition is particularly rewarding […] not only from the point of view of relieving physical discomfort, but also from alleviating emotional upset and enabling sufferers to regain control of their disrupted lives.'[41]

This passage illustrates how Zovirax was being marketed as an additional aspect to the doctor-patient relationship. The Wellcome foundation made an effort to ensure that prescribing their drug was not perceived *replace* the valuable and therapeutic role of the doctor, but to aid (and 'reward') their existing efforts.

The rhetoric of the 'Dear Doctor' letters was mirrored in the visual and textual content of the pamphlets distributed as part of the *General Health Digest*. For example, a leaflet produced in March of 1987 had the tag-line 'recurrent genital herpes can make life a misery- patients may suffer profound emotional, sexual, and psychological morbidity.'[42] Whilst the physical symptoms ('discomfort', 'pain', 'itching') were still included, they were placed as secondary to the psychological and social consequences of infection: 'anxiety, guilt, stress, social stigma, disrupted sexual relations.' The impact of these latter symptoms was depicted through the image of a blonde woman holding her hand over her mouth- her evident disbelief and horror upon receiving the diagnosis (figure 13). The subsequent page- 'Managing the Patient with

[40] Wellcome Foundation, 'Dear Doctor', WF/M/PB/34/05/10.
[41] Ibid.
[42] The Wellcome Foundation, 'Recurrent Genital Herpes Can Make Life a Misery', March 1987, Zovirax 1982-1988, The Wellcome Library, GB., WF/M/PB/34/05/10.

Genital Herpes'- depicted the back of the same woman in conversation with a visible, male doctor who looked at her in an attentive and thoughtful manner (figure 14).[43] In the list of management methods, both 'counselling' and 'recognition of trigger factors' were listed prior to 'suppressive therapy' (the role of acyclovir). Again, an appeal was evidently being made to the clinician's personable skills, with Zovirax offering an additional remedy in the treatment of a psychologically complex infection. These adverts also tell us a great deal about the perception of the general practitioner in late 20th century Britain: he was (or perceived himself to be) a reassuring and paternalistic figure, offering psychological comfort, advice and support to the sick (and predominately female) patient.



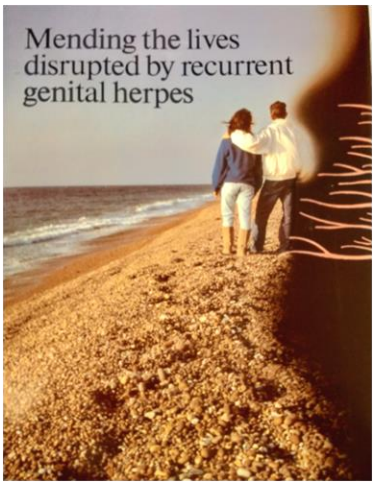
Figures 13 and 14 The Wellcome Foundation, 'Zovirax', 1982-1988, WF/M/PB/34/05/10

The formation of a new illness is a central strategy identified by Moynihan et al in their concept of 'disease mongering'. Although herpes had a largely uncontested clinical basis in the late 1980s, unlike the examples of IBS or hair loss used by Moynihan, the Wellcome foundation did establish a previously unidentified condition: 'herpes neurosis.' This diagnosis, which does not exist outside of Wellcome created and sponsored materials, first appeared in the third *Digest* booklet sent to clinicians in 1989. In line with the previous commitment to expanding the patient market, in a section titled 'the psychological picture',

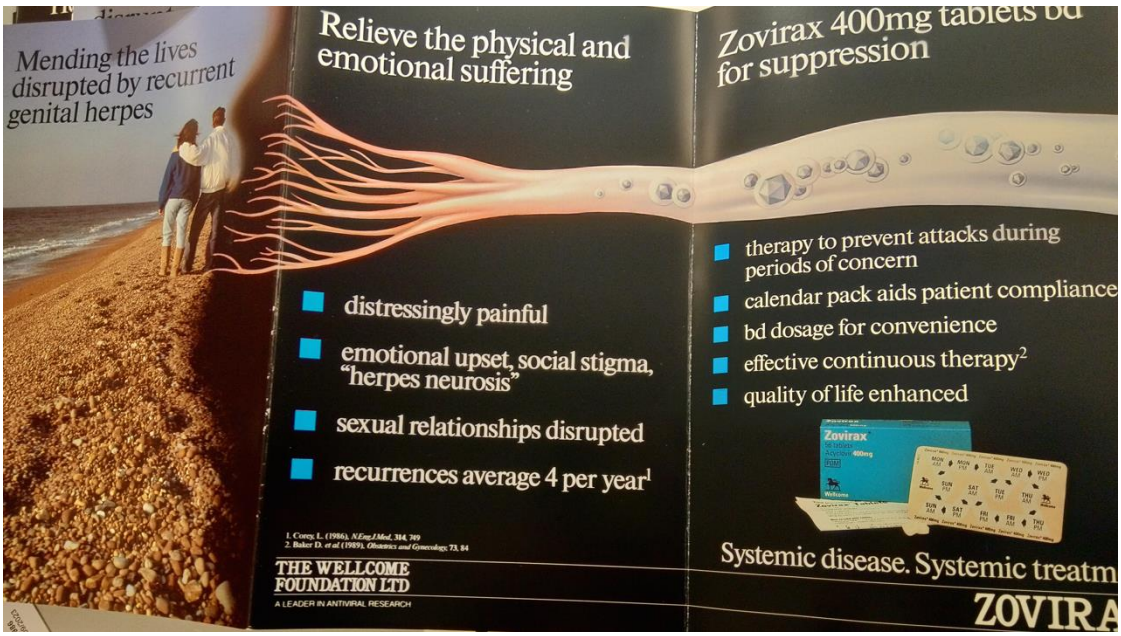
[43] The Wellcome Foundation, 'Recurrent Genital Herpes Can Make Life a Misery', WF/M/PB/34/05/10.

the material described how 'although the physical manifestations of recurrent attacks are usually milder than the primary attack, the psychological effects are even worse.'[44] This was a result of the disruptive nature of recurrence which, according to Wellcome, affected an individual's 'competence at work', their 'leisure activities', and their relationships. As a result of these combined social factors, genital herpes could 'prevent a sensitive individual from initiating new relationships…leading to social withdrawal and severe psychological disturbance.'[45] Alternatively, 'the other side of the coin' was that for some, 'the normal set-backs of life may be blamed on herpes- the so called "herpes neurotic". The idea that the diagnosis of herpes could engender a unique form of 'neurosis' (a broad category referring to disorders characterised by anxiety) was a bizarre and perhaps desperate move by the company. However, it became a sustained part of the Zovriax marketing campaign, with the 'herpes neurotic' appearing in a pamphlet produced in 1990. The slogan 'more than skin deep' was placed next to a list of 'hidden elements' associated with herpes infection: 'viral reactivation along the sensory nerve pathway' (depicted in an illustrated spinal cord), 'emotional upset, social stigma', and 'herpes neurosis.'[46] Along with this list of symptoms, the pamphlet included a photograph of a heterosexual couple walking along the beach (figure 15). Black tentacles leaked into this quaint vision (herpes means 'to creep') in Greek, and if one unfolded the leaflet, extended cartoon nerve tentacles were revealed (figure 16). Akin to prior narratives, the first page suggested that the prescription of Zovirax would 'relieve the physical and emotion suffering' of a viral infection which was both 'distressingly painful', and could induce a rare form of neurosis.[47]

[44] The Wellcome Foundation, 'General Health Digest: Preventative Management', March 1987, Zovirax 1982-1988, The Wellcome Library, GB., WF/M/PB/34/05/10.
[45] *Ibid.*
[46] The Wellcome Foundation, 'More than Skin Deep', January 1990, Zovirax 1990s, The Wellcome Library, GB., WF/M/PK/13/56.
[47] Ibid.



Figures 15 (left) and 16 (below), The Wellcome Foundation, 'More than Skin Deep', January 1990, The Wellcome Archives. GB., WF/M/PK/13/56.



The result of the Wellcome's campaign was reflected in the medical literature of the 1990s which, in comparison with the caution expressed in the early to mid-1980s, replicated the psychosocial concerns of the Zovirax marketing material. In 1991 the magazine *General Practitioner* discussed two studies concerning the 'host of emotional traumas' associated with a herpes diagnosis.[48] The first was a survey carried out by the ISIS Research Centre and the second was a trial conducted by Orla Carney, an academic from the department of genitourinary medicine at Middlesex hospital. The data collected through the ISIS team reported that upon receiving the diagnosis of genital herpes, many patients 'experience

[48] Editorial, 'Trauma of Herpes Virus, *General Practitioner* (July, 1991).

feelings of guilt and resentment', whilst others 'feel ashamed and dirty'.[49] Carney similarly found that patients' fear over their diagnosis often manifested in 'bouts of anger and depression' as they 'became isolated from family and friends.' Having monitored the 'psychosocial and psychosexual' status of a group of patients presenting with their first episode of genital herpes, compared with groups who attending the clinic with other STDs, Carney reported that 'there is much evidence to suggest that there is a psychosocial morbidity related to genital herpes which is not directly related to frequency or severity.'[50] In both studies, herpes was described as 'restricting effects' on sexual and social behaviour, with Carney suggesting that 'long-term treatment with acyclovir was found to be effective in reducing psychosexual and psychological morbidity.'[51] In contrast to the requests for sexual-abstinence expressed in the late 1970s as a means of controlling infection, in this research sexual inhibition and psychological withdrawal were problematised as a side-effect of the herpes disease. In response, acyclovir was recommended not as an anti-viral agent, but as intervention which would repair social, sexual, and psychological distress. In this sense, the marketing campaign- which quickly moved beyond the virus, to the social and emotional implications of herpes infections- could be considered as transforming the broader medical rhetoric around the disease.

In 1992 the *British Journal of Sexual Medicine* circulated a free supplement titled 'A Patient Guide to Genital Herpes'.[52] The leaflet, produced by Hayward Medical Communications, was 'for distribution by healthcare professionals to those in their care.' After discussing the physical and epidemiological aspects of genital herpes, te guide dedicated a page to 'Self Image'. It stated that

[49] Editorial, 'Trauma of Herpes Virus, *General Practitioner* (July, 1991).
[50] Ibid.
[51] Ibid.
[52] Hayward Medical Communications Ltd., 'A Patient Guide to Genital Herpes', 1992. The Wellcome Library, GB., WF/M/PK/13/56.

> ‘from a medical point of view genital herpes is a minor problem, but in the 1980s several articles in the press generally sensationalised the condition. This led to misery for many people.’[53]

In line with the research of the ISIS centre, the pamphlet listed the reactions reported by patients who received a herpes diagnosis: ‘shock’, ‘guilt’, ‘disgust’ and ‘feelings that they are out of control.’ It remarked that whilst these responses were understandable, they were ‘irrational’ and should be effectively ‘managed’.[54] The discourse included in this leaflet indicates a continued scepticism amongst the British medical sphere; however, it also makes evident the palpable the success of the Wellcome Foundation’s characterisation of herpes infection. Medical professionals were now having to provide their patients with advice on how to manage the inevitable consequences of ‘disease mongering’.

Conclusion

The marketing of the anti-viral agent Zovirax by the Wellcome Foundation fulfils the defining features of what health researchers have termed ‘disease mongering’: the process of expanding the boundaries of disease definitions in order to broaden the market for pharmacological treatment.[55] Using an untapped source base, this paper has shown how over the course of the 1980s, the British based pharmaceutical company put a great deal of effort into highlighting not only the physical symptoms of herpes infection, but the apparent social and emotional implications of receiving the diagnosis. As part of a broad agenda to widen the market for herpes treatment, and consequently increase the demand for Zovirax, the Wellcome reframed herpes as a disease which fractured social relations and could engender neurotic illness, even in its mild form. General practitioners were encouraged through posters, pamphlets, and letters, that the prescription of acyclovir would transform

[53] Hayward Medical Communications Ltd., ‘A Patient Guide to Genital Herpes’, WF/M/PK/13/56.
[54] Ibid.
[55] Payer, L., *Disease Mongers: How Doctors, Drug Companies, and Insurers are Making You Feel Sick* (New York, 1992).

the quality of life of their patients, without threatening their holistic therapeutic role. The success of the Zovirax marketing strategy is evident in the continued use of acyclovir in the treatment of genital and oral herpes today, and the high-level of stigma which remains associated with having the infection. This work has not meant to dispute the pain of sufferers, or suggest that the Wellcome Foundation *created* the herpes disease, but to indicate the extent to which pharmaceutical companies contribute to the prevalence of -and creation of meanings around- illness. Despite there being no direct-to-consumer advertising of prescription drugs in the UK, the narratives expressed in Wellcome's campaign seeped into public discourse via the medical and mainstream press, and through the clinical encounter. The Zovirax marketing campaign does not elucidate the entirety of our current conception of genital herpes; the social and cultural meanings of disease are negotiated through patients, activist groups, and medical professionals. However, the paper has elucidated a single strand in the process of forming stigma around a particular disease.

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INTERVIEW WITH DR RYAN SWEET DISCUSSING HIS NEW MONOGRAPHY *PROSTHETIC BODY PARTS IN NINETEENTH-CENTURY LITERATURE AND CULTURE*

JOSEPH HOLLOWAY

[JH] We are now recording. So thanks for joining us today, Ryan. This is Joe Holloway **[JH]** interviewing Dr Ryan Sweet **[RS]** on behalf of the Postgraduate Journal of Medical Humanities. Just as a disclaimer, Ryan, please could you just acknowledge that you're aware that you are being audio recorded? And that this is with the intent to publish all part[s] of what we talked about today?

[RS] Of course, that's perfectly fine with me. Thank you for having me.

[JH] My pleasure. Perfect. So congratulations, again, on the recent publication of *Prosthetic Body Parts in Nineteenth-Century Literature and Culture*. It's a fabulous monograph, which has greatly aided me in my own research, and it seems to be attracting a large number of high endorsements and positive reviews. Could you begin by please, introducing yourself generally, and how this work fits into the rest of your research more broadly?

[RS] Great. So I guess the first thing I'll say is, it's lovely to be back on the University of Exeter campus. And this is where the journey of the book all began. So I did my PhD here, working under Professor Jason Hall and Professor Richard Noakes, on a project about exactly what this book is about: one set of body parts in 19th century literature and culture. So broadly speaking, I'm interested in how historically technology has been used to aid disabled people, or perhaps to enable them to pass as normal, and I guess a key aspect of the book is challenging the extent to which that is something that is desirable or not. Really,

the book is about the extent to which the social dominance of physical normalcy is challenged by imaginaries of prosthetic body parts from various writers who we might consider canonical or not in 19th and early 20th century British and American fiction,

[JH] There's certainly a lot more examples of this than you might imagine there are, which is something we'll come back to later. So yes, this book is clearly for those interested in prosthetic narratives, and also widely applicable for anyone engaging with disability studies generally, but are there any other particular research areas that you think would benefit from this research, that might not be an intuitive fit or might not necessarily have picked up on this?

[RS] Well, I hope the book is of interest to those working in the medical humanities, I know that critical Disability Studies is a kind of growing area, and its relationship with the medical humanities is being more and more explored, particularly in places like York, Manchester and Leeds where the idea of critical medical humanities is emerging. But I guess as well, historians of science and technology, I hope to show through this book that cultural and literary sources can offer interesting things that can be said about attitudes to medical technologies, and not just in the 19th century, but I hope that this kind of approach can be applied to other time periods as well.

[JH] Thanks very much. If I may ask, what drew you to the project initially, I'm assuming that you didn't just wake up one morning with the book fully planned out in front of you. You said it came from a project here, but what drew you to that area in the first place?

[RS] Well the book was a long time in the making. Back when I was a third year undergraduate student down on the Penryn campus in Cornwall, I was lucky enough to take a module with Professor Jason Hall who would later supervise this project. The module was called 'Sex Scandal and Sensation in Victorian Literature'.

[JH] That sounds fascinating.

[RS] Yes, it centered around the novels of the 1860s, in part inspired by the works of Wilkie Collins and one of the themes that cut across the module were imaginaries of disabled characters: they seem to perpetuate particularly in Collins's own writings. I became more and more interested in Collins's writings and I had a student presentation on the topic in one of the classes and it really gripped my attention, and so I decided to write my undergraduate dissertation on disability and compensatory symptoms of disability that emerge in some of Collins's texts, like poor Miss Finch, for instance. It was around about this time that my own ideas for what I would do in a career were taking a bit of a change. I was initially thinking of applying for a PGCE to become a primary school teacher, but I was enjoying the work so much that I thought 'why not think about doing a masters'? And it was then through conversations with Professor Hall that we thought actually there's potential for a project around prosthetic body parts in Victorian literature and culture. So that became a tentative idea for a PhD project, and then I kind of retroactively designed what I would do at masters level to enable me to reach that platform. But on a more personal side of things, my brother – who's 18 months older than me – experienced deafness when he was very young and wore hearing aids and had various operations and cochlear implants, and I guess I was struck from an early age about how differently he was treated from me. And so, while this wasn't necessarily a conscious decision when I started the project, when I think back, I think that there are some kind of personal motivators there too.

[JH] Thank you for sharing, very much a personal project that has been bubbling along for a long time and this quite neatly touches on what I was going to ask next. Where do you stand in relation to situated knowledge? I personally have never used a prosthetic but work in a similar research area. Is it important, and if so, *how* important to have experienced the specific othering or bodily non-normativity in question when researching these areas?

[RS] That's a really interesting and important question, and you will know yourself as someone who works in disability studies, not only how important it is to hear the voices of those with this lived experience, but also the central place that disabled figures have within the canon of disability studies. With my own project, the distance between me and the historical authors or literary characters they investigate means that I guess no one today could have quite the same experiences as those who I write about in the text. I have tried – through presenting my work at various conferences and in different forums – to try and get perspectives from people who, who may have disabilities themselves or use a disability studies perspective, as I think that the conversation between individuals with different kinds of perspectives is really important.

[JH] Exactly, and that's why disability studies is becoming increasingly intersectional. Just on that note, I don't remember coming across them in your text, but did you come across many memoirs, or written accounts of people that used prosthetics? The vast majority of the authors that write about prosthetic users, certainly the canonical ones, are abled. Did you find any?

[RS] Yes that's a great question, and no, not a lot actually, no. Outside of this publication, I do write about Robert Louis Stevenson's Treasure Island, and I do there connect Robert Louis Stevenson's own experience of a very different form of disability – chronic illness – with the way that Long John Silver is represented and the kind of hyper masculinity and the 'overcoming' narrative that is presented there. So elsewhere, I have managed to find texts that in some ways made that connection, but in terms of imaginaries of prosthesis users, I didn't find much in the way of writers who were open about using a prosthetic, and writing about that experience, and/or representing characters who use similar devices. I do wonder whether that speaks in part to the stigma surrounding prosthesis use at the time, although, I guess we've other devices that we might describe as prosthetics, such as spectacles or

hearing aids. There are some writers – like Harriet Martineau – who do write about their experience and imagine others using similar devices. But in terms of the devices that I talk about in this book – which were selected, because they were all forms of prostheses that speak to trying to replicate a conspicuously 'whole' visual aesthetic – I couldn't find much in the way of source materials from people with lived experience. It may be there, and maybe that will turn into the follow up for this. It may be that some of the unsigned writers whose work I investigate here, maybe they experienced prosthesis use themselves but just weren't willing to make that clear.

[JH] That's true, a lot of the sort of non-canonical authors that you pick up the work of, we may not know a huge amount about, and so they may very well have been writing from that perspective. So let's dive deeper into the specifics of the text and talk a bit about 'wholeness'. If I may paraphrase, one of the conclusions you drive towards is that these prosthetic discourses are infused – maybe even driven – by concerns and anxieties related to the unachievable specter of human 'wholeness'. Perhaps for non-disability studies readers particularly, could you summarize briefly what we mean by these anxieties around wholeness, why they may be important for prosthetic users and abled people alike, as well as maybe some of the nuances around why this may be seen to be unachievable?

[RS] Yes, so I consider wholeness as a branch of physical normalcy, and a lot of the work that goes on in the early part of the book sets the scene for how physical normalcy becomes dominant, and this relates to the way that prosthetics are designed, used, and thereby imagined. The 19th century is a really rich period to investigate this topic, because there's so much happening at the time in terms of social and legal reforms, like the poor laws act of the early 1830s, increasingly scientific and medicalized understandings of the mind and body that place a premium on wholeness, and also practices that were at the time considered scientific, but we may be more skeptical of now – like physiognomy and phonology – which draw a correlation between the physical body and what may be going on in the mind or the

behaviors perpetuated by an individual. So the book tries to connect those social and cultural contexts with the way that prosthetic parts are represented, and how in many cases the writings of authors like Dickens, Wilkie Collins, and others maybe challenge this status quo through this emerging dominance of the physically 'whole'.

[JH] Excellent, thank you. Maybe later, we'll talk a little bit about where we are today. But do you see the same sort of concerns and anxieties today? Albeit under a different disguise or have we maybe progressed beyond these concerns?

[RS] That's a really good question, and it is something I continually ask myself. At moments, one thinks that we've dramatically moved beyond this point and that we embrace difference much more today. But then I look on Twitter and I see what people in the disabled community post about the stigma that they experienced day to day, and the everyday ableism that they see perpetuated, and I think quite differently. So it is a difficult one, I do think that these topics still have currency today. I guess a key difference to the context that I'm writing about in the 19th century is that the disabled people's movement was – you could argue non-existent – but certainly in a nascent stage here. Whereas, today it is really kind of picking up momentum and has considerable cultural weight. We have a lot more voices now that speak out about ableist discourses that we didn't have in quite such explicit ways in the 19th century, so I guess that's a key difference there, but I do think that we still do live in an ableist society that glorifies physical normalcy in ways that aren't entirely healthy.

[JH] Definitely. And also glorify technological 'solutions', in a different way, or to a different extent. I saw an advert today on Twitter, for a wheelchair that could climb stairs, a big expensive technological innovation where the wheels would suddenly expand to allow it to roll up stairs, and there were just hundreds of comments from wheelchair users underneath it saying that 'we don't want expensive technological innovations, we just want a ****ing ramp. Do you recognize any of that in the 19th century?

[RS] Yes, I think that's a really interesting observation Joe, and actually, that does bring to mind a parallel between the source materials of the 19th century and today. I guess a big cause of frustration for me when I look at media reporting on prosthetics today, is that if you just looked at those reports alone, you would think that all amputees and prosthesis users are using hyper sophisticated devices that plug into their central nervous systems and seamlessly enable them to do all manner of wonderful things. But the reality is far from that: the devices used by many are still very rudimentary, the hook is still the most common prosthesis used. And there are parallels to the materials I look at in the 19th and early 20th century. There, a lot of media reportage is about these newfangled devices from contemporary artificial limb makers like Frederick Gray, and A. A. Marks, and Frank Palmer, and others, who did produce devices that were very sophisticated at the time, but which were incredibly expensive and available only to a limited number of users. The reality is – as bears out in many of the sources that I look at – is that a lot of the users of prosthetic body parts were from the lower classes who were still using devices like peg legs, which had been in existence for several centuries, and weren't particularly enabling devices. Although interestingly, some of the literary writers like Dickens still imagine these devices actually as having at times quite surprising and enabling potentials.

[JH] Which is something that we'll touch on later actually, the additional, almost supernatural agency with which these everyday prosthesis are imbued with in these texts. Thank you. So you've obviously spent a lot of time in the archives researching this and you examine a breadth of Victorian literature, some more well known than others – but I'm going to put you on the spot here – if you had to single out one of the lesser known examples of this representation that the readers might not have come across, and encourage them to look up and engage with, what would it be?

[RS] Wow. What a tremendous question. I think a very interesting source to have a look at would be Thomas Hood's narrative poem, 'Miss Kilmansegg And Her Precious Leg'. I think within Victorian studies, Thomas Hood is quite a forgotten figure, but actually, his work was tremendously popular at the time and we can see this through the references to Miss Kilmansegg in later writings, and even in the prosthesis market itself. It was a text with quite considerable cultural weight. It's humorous, and problematic in its treatment of a prosthesis user, and I guess the prosthesis could be read in quite metaphorical terms, as the scholarship of Vanessa Warne points towards in terms of being something that is viewed and involved in financial systems at the time. But I do think that there's a lot of interesting material there, beneath the surface, about the expectations of what prosthetic devices should and should not be. And it's interesting that some of those concerns are picked up later by prosthetists, who talk about things like the weight of prosthetic devices, and compare the lightness of their devices with that heavy cumbersome nature of Miss Kilmansegg's *golden* leg in the narrative poem. So that would be a recommendation from me, it's a good fun read as well.

[JH] Excellent. I wasn't familiar with the text or the author before reading your monograph but I enjoyed your exploration of it, and it does speak to some of the concerns that we've been talking about so far: the accessibility to materials and the understanding of the *function* of the prosthetic, as well as the classist elements at play. So we touched on this earlier, but you take quite a broad view of prosthetics – if I may say so – and whilst you focus on limb replacement items, you also spend a considerable amount of time on tooth and eye replacement and augmentations. In your opinion, is there any sort of meaningful distinction that we can draw between these? Or is to do so pointless? Could we go further and include walking canes or hearing trumpets, or guide dogs, or even in the rare cases of conjoined twins, the other conjoined twin, as a form of prosthesis?

[RS] It's an interesting question. And that was one of the conceptual challenges of writing this book was where to draw the line. The more you look at the 19th century archives, the more you find that prostheses, or devices, or things that could be considered prostheses perpetuate more and more and more, so I had to put up some limits to manage the material. I was really interested in 'wholeness' as a particular kind of aesthetic construction, and when you think about the kind of bodily abilities that might be enabled by a body that is considered 'whole' a kind of functional construction as well. And so I decided to focus on those technologies that might enable the user to assume that kind of idea of physical integrity, and so that's why I decided to look at just those devices. I guess there are other devices, but I couldn't find many or significant literary representations that speak to that. Facial prostheses for example, false busts as well; there are limited representations of those. When it came to devices like eye patches, and canes, I decided not to investigate those because they didn't quite fit with the idea of trying to visually replicate a body part that had been lost, although I still think they're definitely part of the conversation. And I think if we accept the definition of prosthetics along the lines of what Katherine Ott suggests; where she says that there's a very thin line between what is an assistive technology or what is a prosthetic – in fact she problematizes the term assistive technology because she says: Well, what technology is there that you describe as not being assistive? So I definitely think that those other kinds of technologies are a part of the conversation, and I'd be thrilled if scholars place studies of those kinds of devices in conversation with prosthetic body parts. I guess in terms of a conjoined twin though, I would be more resistant to seeing them as a prosthetic. I think that in the way that I conceptualise a prosthesis, it is a technological device that a user makes the decision about whether or not to use. I think conceptually, that there's something very different about having another being who you are conjoined to at birth, and ethical and ontological questions arise there as well. I'd be interested to hear your thoughts about that and read your scholarship around that topic, but I think I would be cautious about using terminology of prosthetics when it comes to another living being and I even feel the same with regard to assistant animals or assistive animals, whether or not they're formally

recognised as such. When talking about beings with sentience, I think other terminologies are more appropriate, and the dynamic is certainly different.

[JH] Yes, I entirely agree. The only reason I brought up that example, is not because I think conjoined twins *use* each other as prosthetic devices, but they have been portrayed that way in various othering medias, and we could draw parallels between prosthetic objects that are depicted as holding a surprising amount of agency in these works, and humans that are depicted as these objects and given a surprising *lack* of agency, like the stories of artificial legs that walk the user to death.

[RS] Yes, in 'The Flying Burgermaster'? Okay, yes, in that regard I think that's certainly an interesting and striking area to investigate with a critical Disability Studies lens, and I think that's certainly something in need of investigation, and challenging.

[JH] Good, wonderful. So we touched on this earlier, but you argue in your conclusion that our understanding of prosthetics today seems to have moved from Victorian 'passing supervillains' to 'surpassing superhumans' today. So when we're talking about the super-crip, inspiration porn, or the adage that 'the only disability is a bad attitude', etc. In your opinion, is this a more helpful way to approach prosthetic users, or perhaps a more insidious means of presenting the same older prejudices? Are these current portrayals progressive or flawed in a different way, or perhaps even worse than maybe what we see in the Victorian period, which is just straight up prejudice?

[RS] Yes, I think that's an interesting question. I do think that there are some conscious efforts to move away from ablest representations of disability, but I do think that alongside that, disability, prosthesis, and prosthesis users are now often being used by large corporations and companies to perpetuate certain images about their brands. And I think it's become a kind of trendy cultural image, and one that speaks to ideas of technological

sophistication and advancement, and I think that big corporations are also much more conscious than they've ever been about the extent to which disabled people are a large market for potential products as well. So although I certainly welcome more exploration, representation, communication, and engagement with disabled communities, I guess I'm somewhat sceptical in advertising campaigns, where we're seeing increasing numbers of prosthesis users; circling back to what we discussed before about the kinds of devices that are often used on on the big screens. It does concern me about the kind of image about prosthesis use that is being perpetuated, when the reality for many prosthesis uses is so different

[JH] Absolutely. I mean, at the very least, it's tokenism. The one I've got in my head is I think it was for Tia Maria – obviously other coffee liqueur products are available – but there's a lady with a prosthetic leg drawing a paintbrush across a wall, and then it cuts to a guy with slightly quirky clothes doing the same, and the advert implicitly equivalates the two as some form of aesthetic decision.

[RS] Yes, I know exactly the advertisement you mean and have thought similar things. I guess it does speak to a part of the prosthesis using community who are increasingly embracing the use of the technology as a means of self expression, I think that there are tremendously interesting things that can be done then. But I think that when that kind of aesthetic becomes co-opted for marketised reasons that it starts to become more questionable.

[JH] So just to round up, what's next for *Prosthetic Bodies*? We've touched on maybe some of the ways that you could expand or follow up but are there any concrete plans to work on specifics? Or have you moved on to new and brighter projects? Is there any sort of related upcoming work that you'd like to mention?

[RS] Thank you for asking. I do have a follow up essay coming out in a new book, edited by Claire Jones and Barry Gibson on cultures of oral health. There's a chapter in there about denture use in the writings of H Rider Haggard and Rudyard Kipling. So that picks up on some of the methods used in this text and explores some of the texts that I mentioned in passing and analyses those in a little bit more detail. And it does also connect the lived experience of those two writers with tooth pain and tooth loss and denture use with the imaginaries that they present. I'm now looking to move slightly away from human prosthesis users to think about non-human animals as prosthesis users. I was surprised when I was doing the research for the book about how many curious stories of dogs with dentures and cattle with wooden limbs appeared in kind of titbits in the 19th century periodical press. It turns out that there was quite considerable interest in experimenting with the development of animal prosthetics in that period and so I've got an article that I'm preparing on that at the moment. And more broadly I'm interested in the entanglement of discourses of non-human animals and disability in the 19th century too, so I'm possibly looking to develop some material on the non-human companions of disabled characters in 19th century fiction, and Barnaby Rudge and his pet Raven 'Grip' is one representation that's kind of taken my interest early on. But moving away from the 19th century, as someone who works in foundation year practice, I'm also interested in extending the Disability Studies methodology that I've used with historical sources to actually think about causes and inclusivity and accessibility and also concerns about widening participation. So foundation years are currently under funding threat, and as somebody who's worked in foundation years for several years now I recognise how valuable they are as pathways into higher education for disabled students. So I'm hoping to do some work with colleagues who have more experience with quantitative methods so perhaps do some research around that.

[JH] Lots of exciting stuff coming up then. I'm sure that there's an element at least of that kind of interest into disabled non-human animals with prosthesis, if we think about the

popularity of such television shows as ‘the supervet’ that provides prosthetics for disabled pets.

[RS] Noel Fitzpatrick, yes, very interesting. I really would like to do some kind of bigger project around cultures of animal impairment actually. I know that rescue shelters for instance, they often have a lot of challenges with rehoming animals that are perceived as being disabled, so I wonder if there could be potential for some impact work there around the crossover between stereotypes and stigmas related to human disability and how they may transfer on to the non-humans who we cohabit with today.

[JH] Because it is the perceived lack of ‘wholeness’ in, say, a three-legged cat that prevents it from being adopted?

[RS] Yes.

[JH] Interesting. Well thank you very much for your time today. Congratulations again on the publication and best of luck with the upcoming projects.

[RS] My pleasure, thanks very much.

BOOK REVIEW OF MURDER ISN'T EASY, THE FORENSICS OF AGATHA CHRISTIE (2021) BY CARLA VALENTINE

SOPHIE SMITH

As a mortuary technician, Carla Valentine knows a thing or two about bodies. From performing forensic autopsies to excavating plague pits and curating Barts Pathology Museum, Valentine's wealth of experience provides fascinating insight into the world of crime scene analysis both real and imagined in her latest offering *Murder Isn't Easy: The Forensics of Agatha Christie* (2021). Following the success of the eminently readable *Past Mortems* (2017), Valentine's second outing, inspired by her childhood love of Agatha Christie, is couched in accessible terms for a wider readership that provides an engaging examination of technical dimensions of Christie's fictional homicides.

With each chapter covering a specific area of investigation, including fingerprinting, ballistics, bloodstain analysis and toxicology, Valentine's book offers a holistic overview of the historical development of criminal investigation procedures and the cases which inspired them. Particular highlights include Valentine's discussion of the Crippen Case and her overview of toxicology procedures, as well as the fascinating appendix detailing the murder methods used in each text. Valentine also offers a fascinating insight into the nuances of evidence, with particular reference to Poirot. Considering how Poirot flits between Criminalist (akin to a forensic scientist) in his collection of physical clues and Criminologist (akin to a forensic psychologist) in profiling the likely criminal, Valentine considers how the methods of the detective oscillate widely depending on the needs of the story, offering an interesting reframing of the construction of Poirot as a purely armchair detective.

This text is most intriguing, however, in how Valentine posits that Christie herself was at the forefront of developments in forensic science, abreast of the latest pioneering methods and anticipating future innovations. The idea of Christie as enmeshed in the world of forensics may seem a stretch at first glance; as an author whose work has been decried as lacking 'sociological implications' by Raymond Chandler,[1] and 'bloodless' by Lucy Worsley,[2] there is a perception of her work as deliberately cosy, avoiding the more gory and technical details that lend themselves to forensic analysis. Yet, to take this for granted is to forget that Christie herself was no stranger to either bodies or poisons. As a trained nurse and pharmacist dispenser during the First and Second World War (highlighted in an anecdote regarding the discarding of a severed leg), Christie developed a thorough knowledge of poisons and medicine which informed the plots of over half of her novels and is explored by Valentine in her categorisation of poisons and their appearance in Christie. Valentine further explores Christie's medical, as opposed to pharmacological, knowledge through a grim but insightful discussion into rigor mortis, body temperature and decomposition which informed the plots of over half of her novels, offering insight into one of the lesser-known aspects of her training.

Whilst Valentine is quick to point out that Christie did not talk of forensics as we know it today, instead referring to the terms medicolegal and medical jurisprudence that may be more familiar to fans of R. Austin Freeman's Dr Thorndyke, she nevertheless makes a compelling case for Christie's immersion in the forensic developments of her day which was reinforced by continued research throughout her career. Detailing Christie's tactics, from avidly consuming news reports, to reading medical journals and questioning leading experts, Valentine establishes how Christie was able to ground her work in the latest scientific methods and theories, suggesting the use of Edmond Locard's Exchange Principle in *The Murder on the Links* (1923) and ballistics analysis in *Death on the Nile* (1937), and even

[1] https://ae-lib.org.ua/texts-c/chandler__the_simple_art_of_murder__en.htm [Last accessed 15.06.2022]
[2] Lucy Worsley, *A Very British Murder* (London: BBC Books, 2013), p. 286.

going so far as to anticipate good practice. Focusing on Poirot's collection of evidence in a specially prepared bag of glass bottles and tweezers in The Mysterious Affair at Styles (1920), Poirot acts in the very bloodhound manner Hastings always desires, suggesting the influence of Sherlock Holmes whilst also anticipating the crime scene investigation kits four years before their recommendation by famed pathologist Sir Bernard Spilsbury in 1924.

At times, however, some of the conclusions of Christie's ingenuity and 'clairvoyant' foresight seem a stretch beyond the implications of the source material. One such example is the suggestion that Christie anticipates the gruesome 'gloving', a procedure involving donning the 'fingers or the entire hand of the deceased and wear it over their own latex-clad hand'[3] to replicate fingerprints, first mentioned in 1936, in 1922's *The Secret Adversary*. Another is the emphasis of the terms 'chain' and 'serial' used by *The ABC Murders* character (1936) Dr Thompson when discussing his interest in serial murders, 25 years before the term 'serial killer' was popularised in the 1960s, though well after the idea had become part of the public imagination. However, though certain examples are not fully convincing, Valentine nevertheless raises several thought-provoking ideas which merit further investigation.

Overall, Valentine's text offers a highly engaging exploration of an under-researched area of Christie, laced throughout with Valentine's clear enthusiasm for her subject and sense of humour. With 'Wagatha Christie' dominating headlines earlier this year, the conflation between Coleen Rooney's Instagram sting and Agatha Christie has seemingly diminished the association of the name with the intellect and innovation of the Queen of Crime. Thankfully, *Murder Isn't Easy* is one of a growing number of publications that push back against this reductionism, joining the ranks of Kathryn Harkup's *A is for Arsenic* (2015) and Martin Edwards *The Life of Crime* (2022) in bringing Christie's technical accuracy and

[3] Carla Valentine, *Murder Isn't Easy: The Forensics of Agatha Christie* (London: Sphere, 2021), p. 19.

immersion in the burgeoning world of forensic analysis to the forefront for a wider readership.

Murder Isn't Easy: The Forensics of Agatha Christie is published by Little, Brown (£16.99).

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